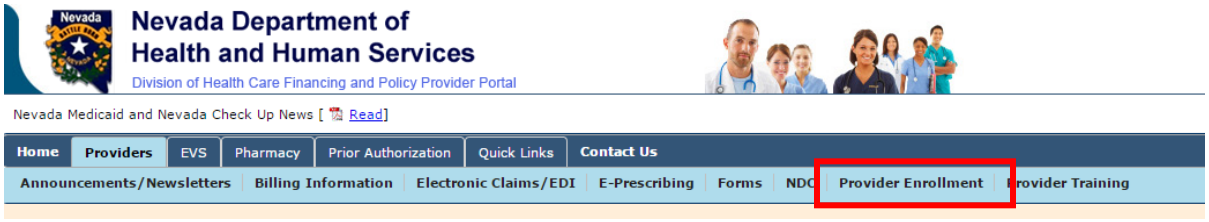
Chapter 2. Initial Enrollment Application

To begin the Online Provider Enrollment Application:

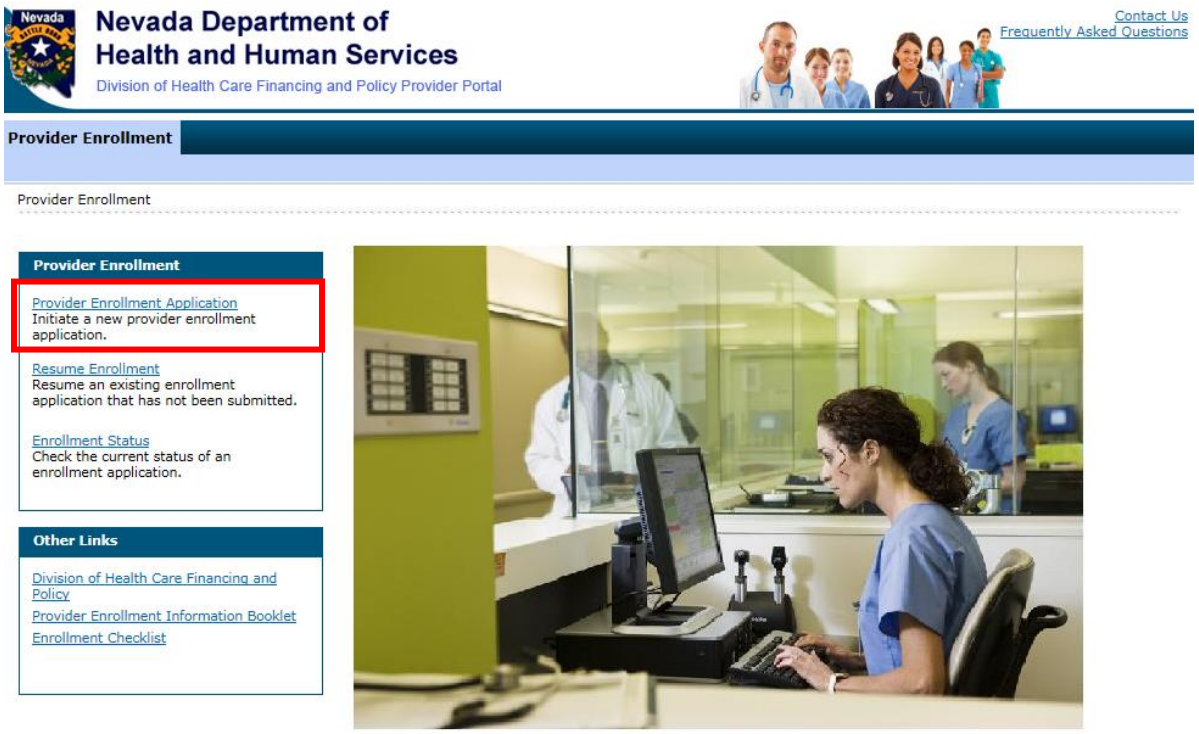
1. On the Nevada Medicaid and Nevada Check Up Health Care content site home page, www.medicaid.nv.gov, click the "Provider" tab, and select "Provider Enrollment."



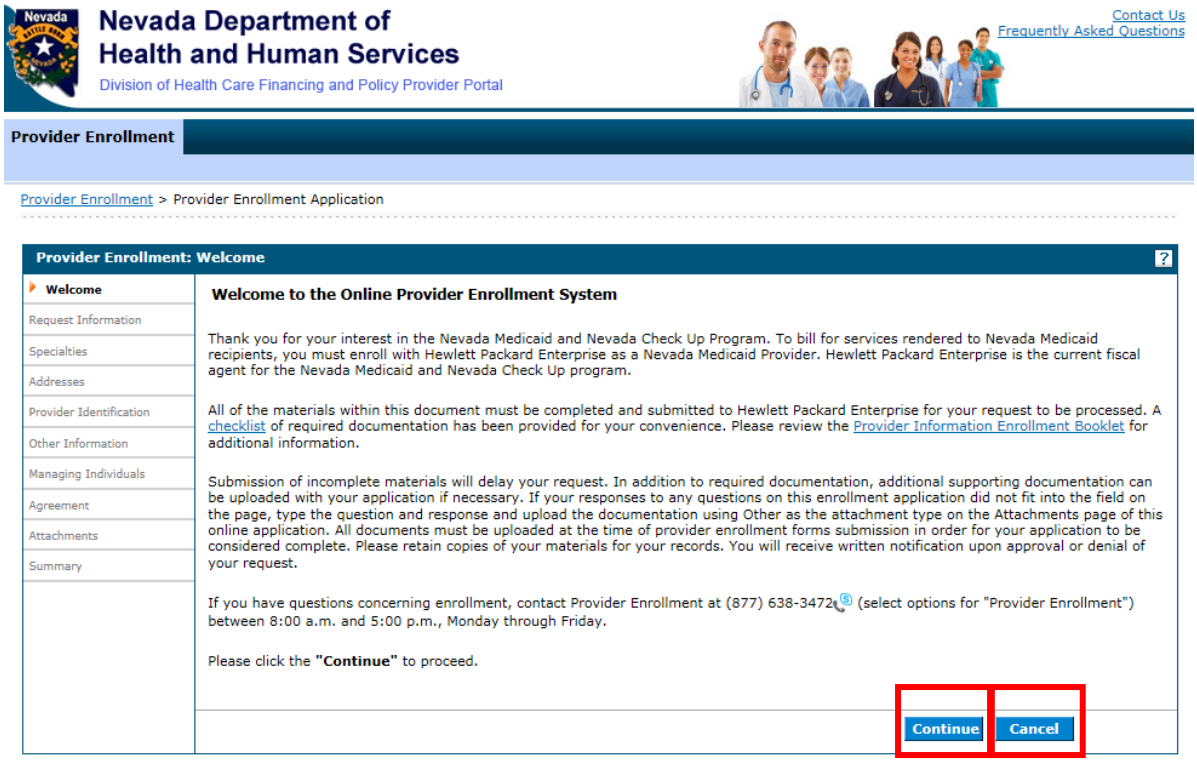
2. The Provider Enrollment page is displayed.

3. Click the "Online Provider Enrollment" link.

4. The Online Provider Enrollment Portal Home page opens as shown below. Click **"Provider Enrollment Application"** to initiate a new provider enrollment application.

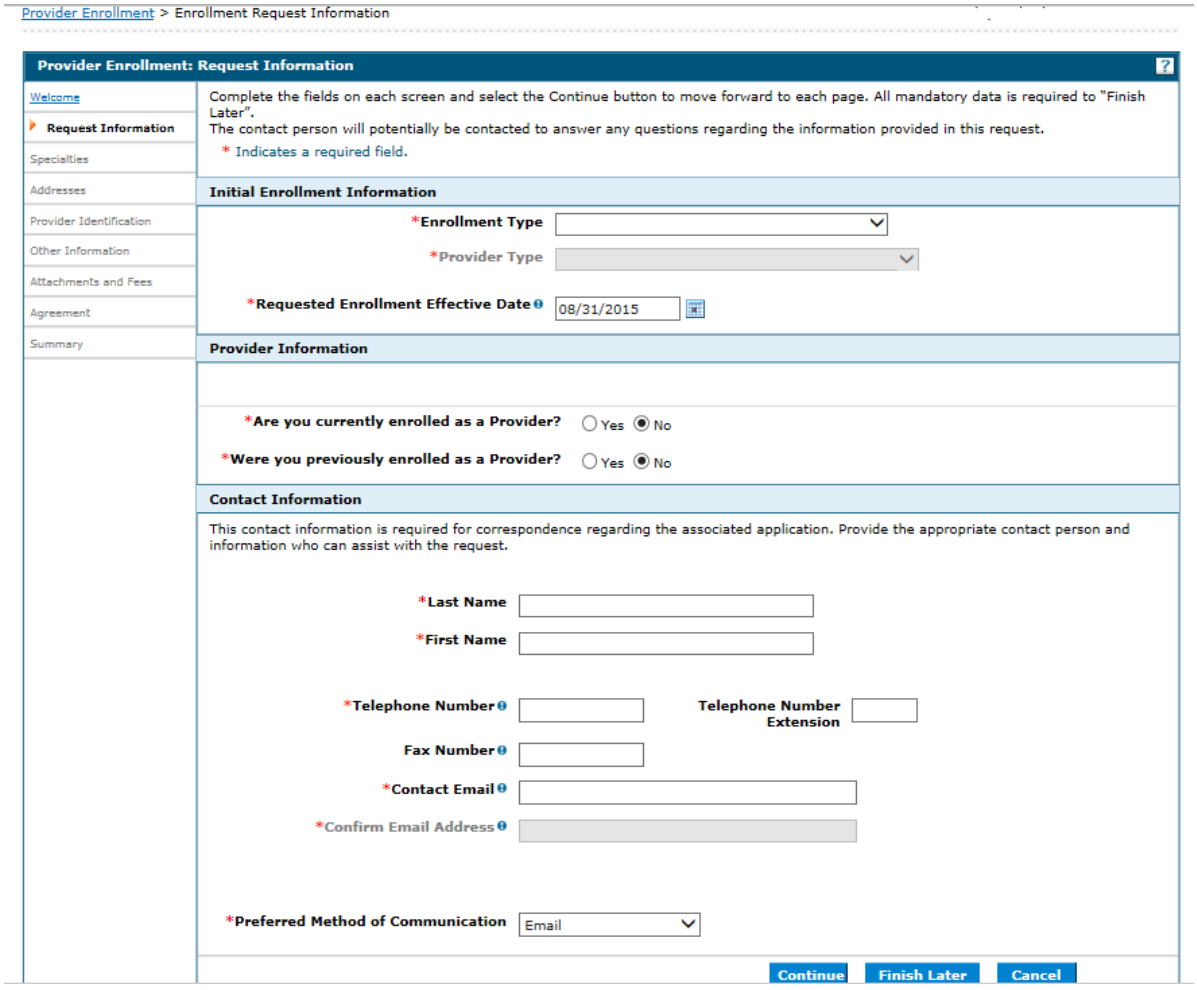


5. The Online Provider Enrollment Welcome page will be displayed. Click **"Continue"** to begin the online application process or click **"Cancel"** to return to the Online Provider Enrollment Portal Home page.

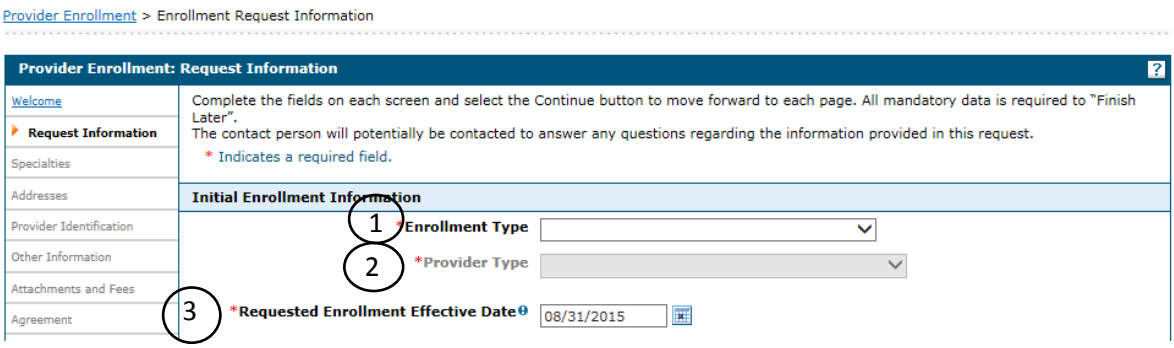


2.1. Request Information

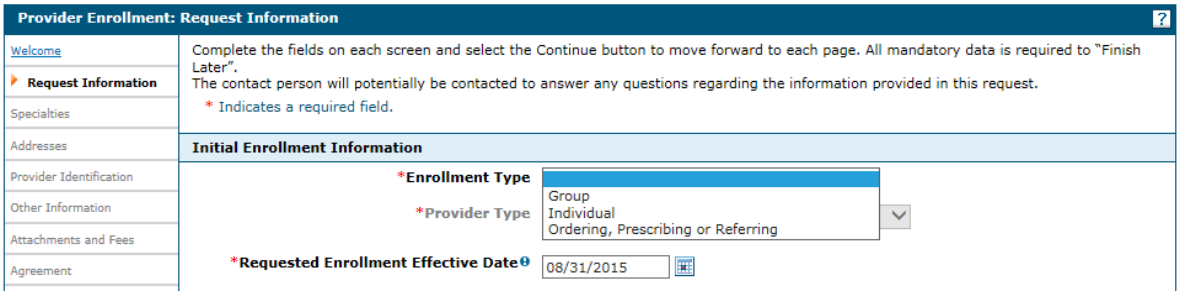
To begin the provider enrollment process, complete the required fields on the Request Information page. Once the required fields have been completed, click **"Continue"** to go on to the next page, or click **"Finish Later"** to save your application and finish it at a later date. All fields with a red asterisk (*) are required. The fields that are displayed throughout the enrollment process are contingent on the Enrollment Type or Provider Type values selected.



Initial Enrollment Information:



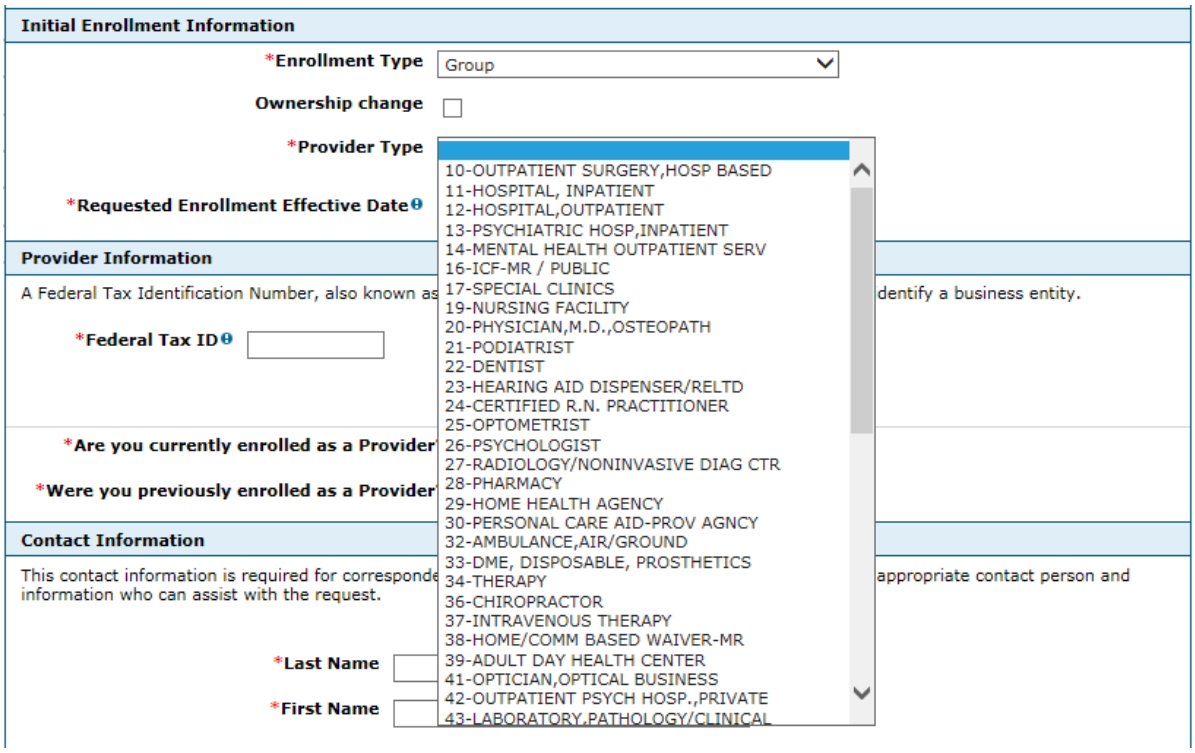
1. **Enrollment Type** – Select the type of enrollment from the dropdown list.



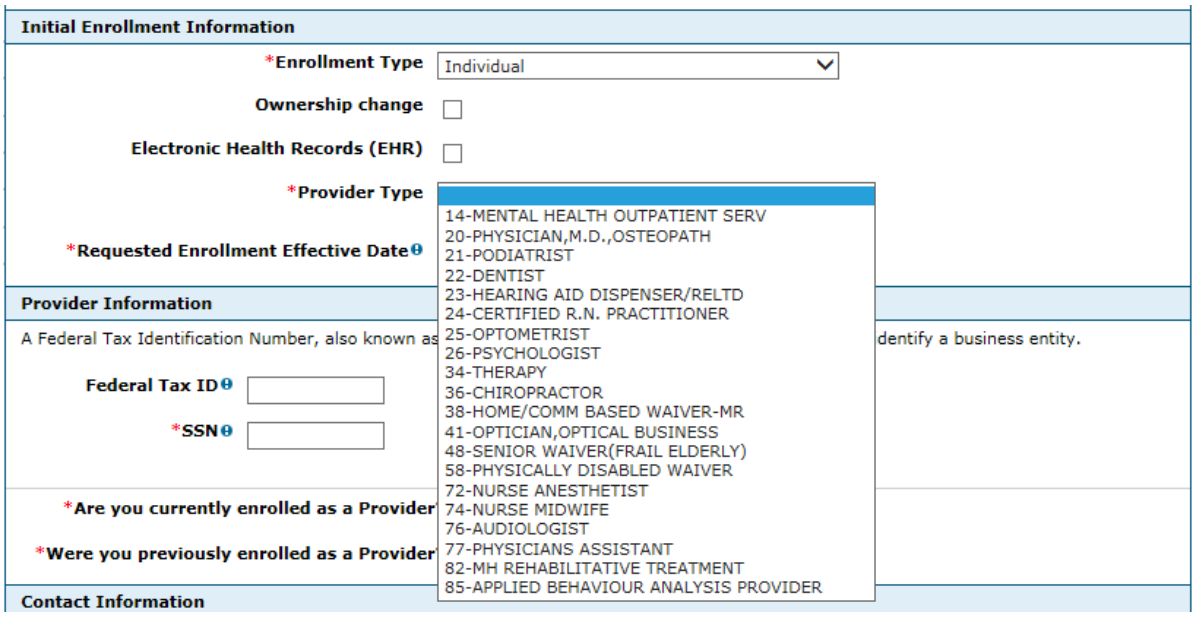
Note:
Ordering, Prescribing or Referring (OPR) providers are not fully enrolled as Nevada Medicaid providers and cannot seek reimbursement for services rendered to Medicaid recipients or submit claims to Nevada Medicaid.

2. **Provider Type** – Select the appropriate 2-digit provider type from the dropdown list. Some providers provide more than one type of service. You must complete one complete application for each provider type you are enrolling. For example, if you supply Durable Medical Equipment (provider type 33) as well as pharmaceutical drugs (provider type 28), complete two enrollment applications.

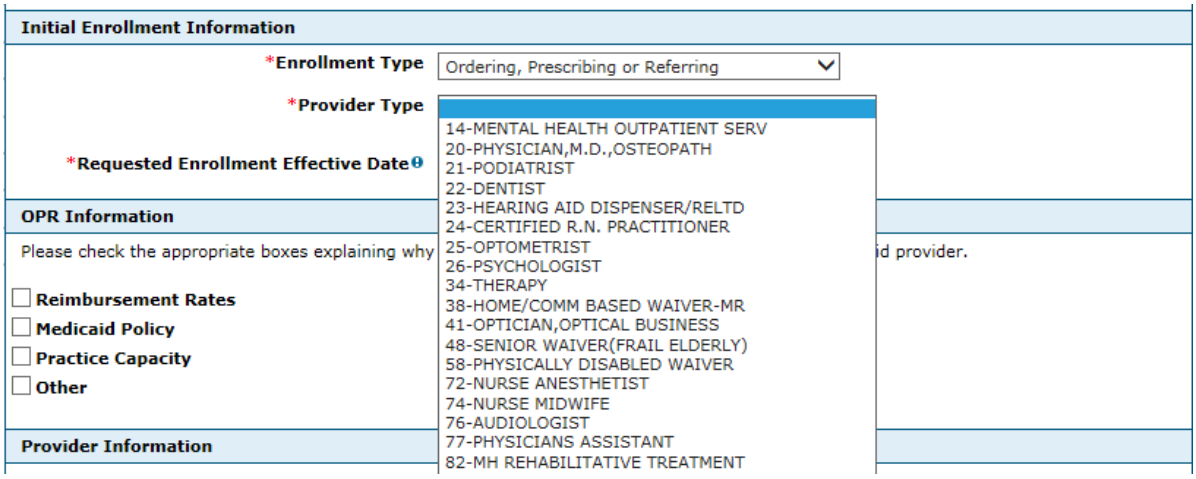
Group Enrollment Type



Individual Enrollment Type



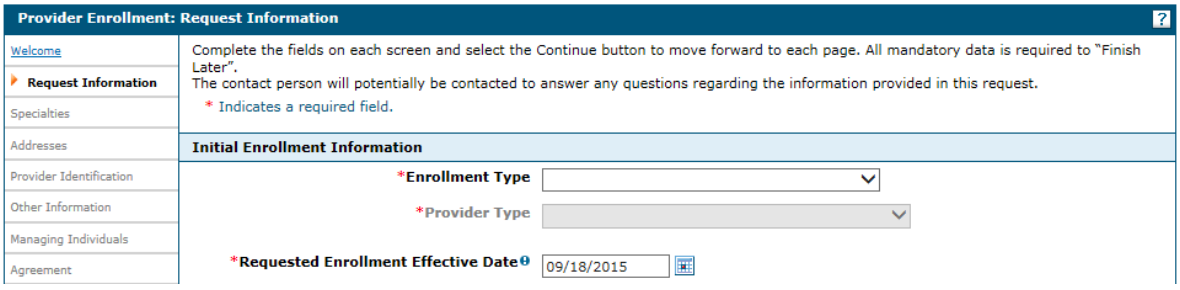
OPR Enrollment Type



Note: If, after initially updating the initial enrollment information, either the Enrollment Type or the Provider Type fields in the Request Information page are subsequently changed prior to submitting the final enrollment request, you must navigate back through the entire enrollment application. Fields that are contingent on the Enrollment Type or Provider Type values are reset to blank and must be re-entered. You must respond to a confirmation dialog prior to changing the Provider Type value.

3. **Effective Date** – Enter the date on which you wish the provider enrollment to begin. The date in this field cannot be a future date. The date can be backdated up to six months, but may not be prior to all provider enrollment requirements being met. To exceed the six-month back limitation, provide a written explanation and supporting documentation as an attachment to this application.

   If you have already provided services, review the dates of service you will be billing and enter a date that will cover all of your back billing. If you have no back billing, enter the current date. Timely filing limits apply. (Timely Filing Limits: From the Date of Service or the recipient's date of eligibility, whichever is later, you have 180 days to submit in-state provider claims when Medicaid is the only insurance or 365 days to submit out-of-state provider claims and claims when the recipient has a primary health insurance carrier other than Medicaid.)



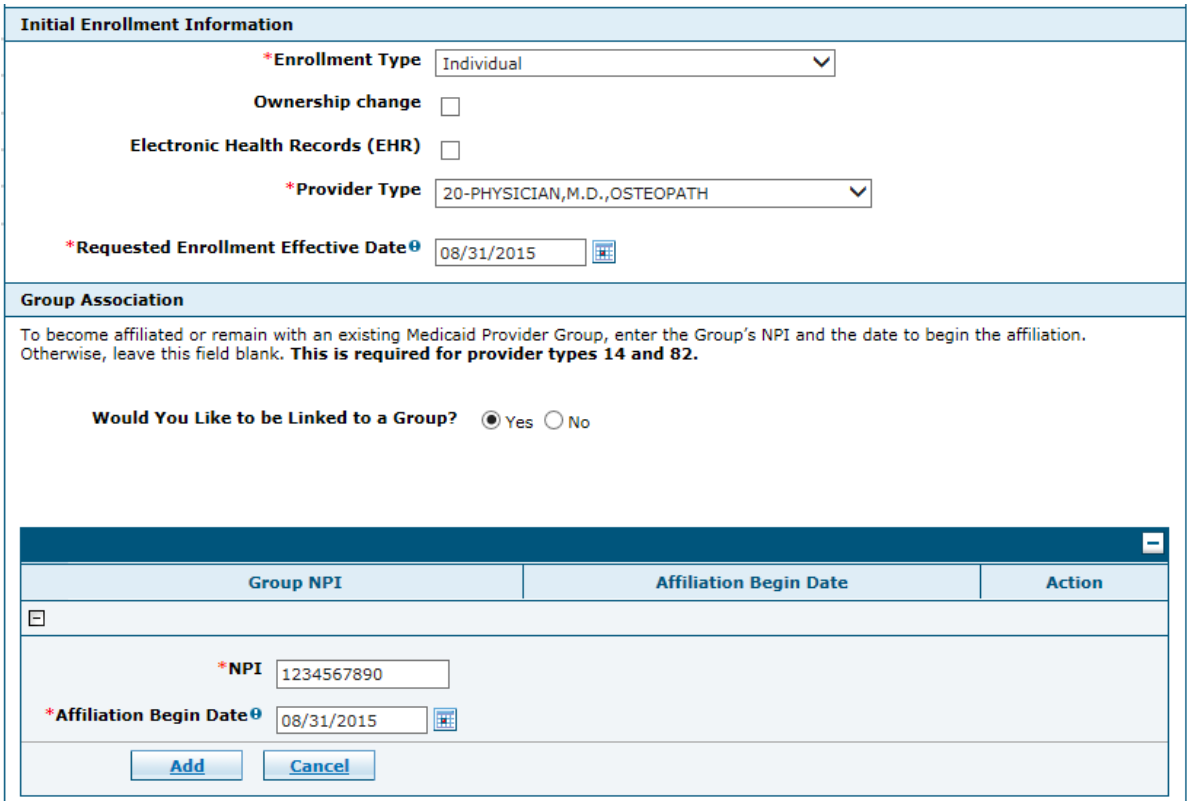
Group Association:

When Individual Enrollment Type and Provider Type 14, 20, 21, 22, 24, 25, 26, 34, 36, 72, 74, 76, 77 or 82 is selected from the dropdown lists, the required fields on the Group Association Panel will need to be completed.

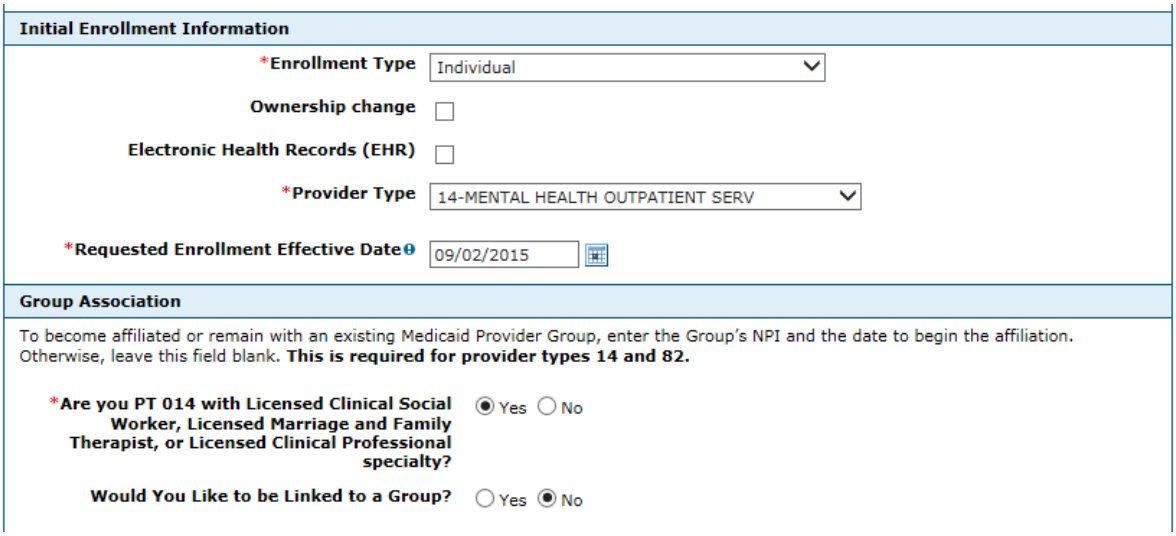
- Select "Yes" if you would like to be linked to a group.
- Select "No" if you do not want to be linked to a group.

If you select "Yes" you would like to be linked to a group, enter the group's National Provider Identifier (NPI) and the date you would like to be affiliated with the group. You may enter a date in the past. Please note that timely filing limits apply. When the group's NPI is used as the billing provider on a claim, payments will be made to the Provider Group.

Group Enrollment is required for provider types 14 and 82.

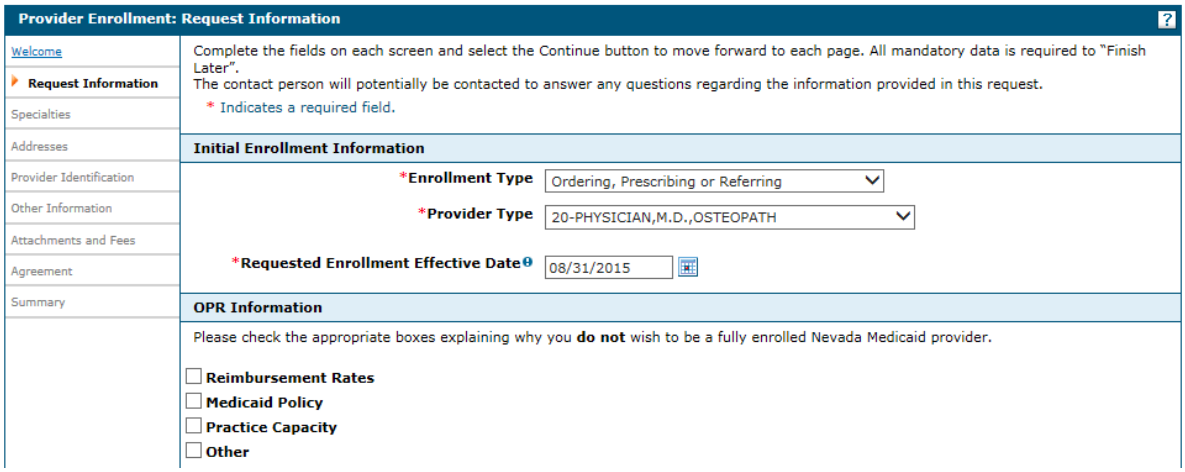


Note: Provider Type 14 with specialty 305, 306 or 307 do not have to be linked to a group.



OPR Information:

If the Ordering, Prescribing, or Referring (OPR) provider type is selected, the OPR Panel will be displayed. You will be required to check the appropriate boxes explaining why you do not wish to be a fully enrolled Nevada Medicaid provider.



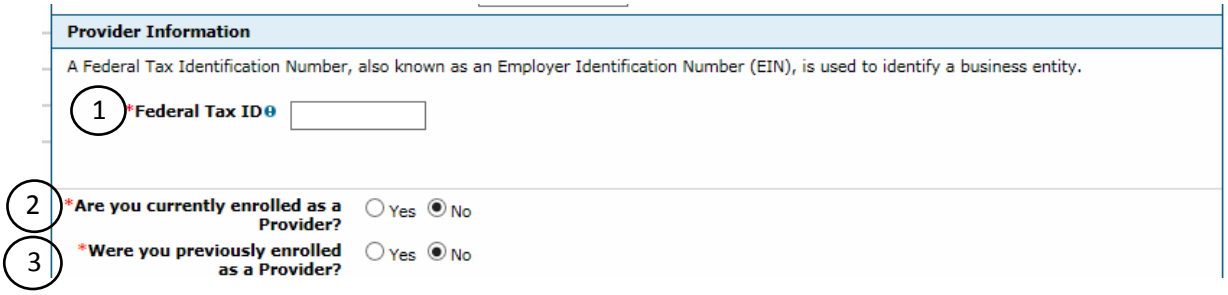
Provider Information:

The information displayed on the Provider Information section will depend on the enrollment type selected. See below for the required fields based on enrollment type.

Group Enrollment Type

For group enrollment type the following fields are displayed:

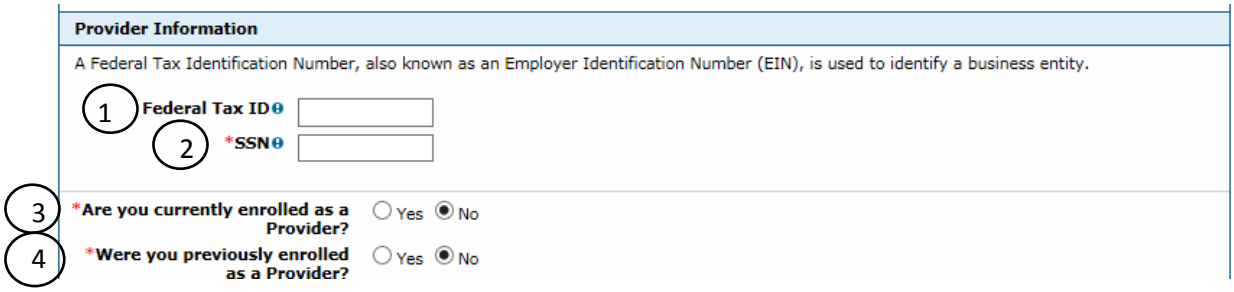
1. Federal Tax ID – For group enrollment type this is a required field.
2. Are you currently enrolled as a Provider? – This is a required question, select the "Yes" or "No" radio button.
3. Were you previously enrolled as a Provider? – This is a required question, select the "Yes" or "No" radio button.



Individual Enrollment Type

For individual enrollment type the following fields are displayed:

1. Federal Tax ID – For individual enrollment type this is an optional field.
2. Social Security Number (SSN) – For individual enrollment type this is a required field.
3. Are you currently enrolled as a Provider? – This is a required question, select the "Yes" or "No" radio button.
4. Were you previously enrolled as a Provider? – This is a required question, select the "Yes" or "No" radio button.

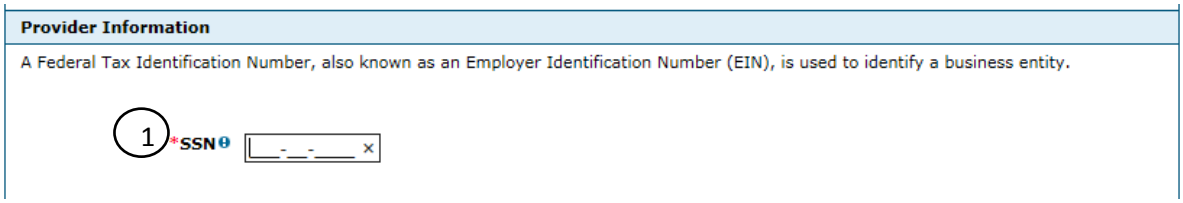


Note: For Individual and Group enrollment types the legal name and Tax Identification Number or Social Security Number listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. A copy of your IRS acceptance letter will need to be included as an attachment to your online provider enrollment application.

OPR Enrollment Type

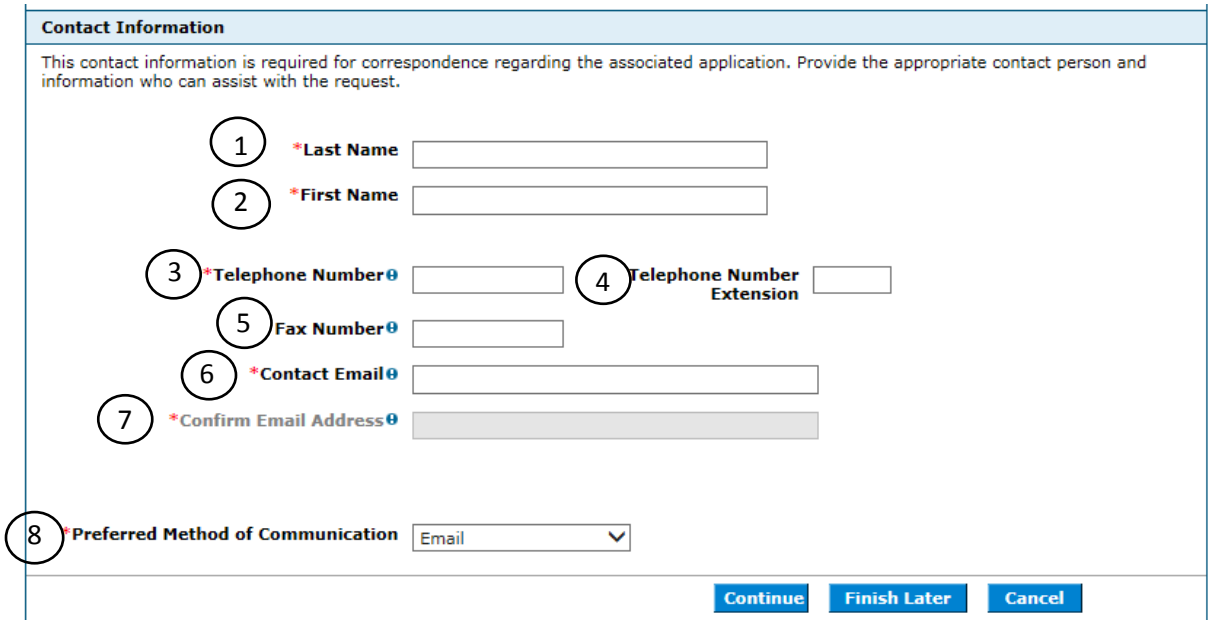
For OPR enrollment type the following fields are displayed:

1. Social Security Number (SSN) – For OPR enrollment type this is a required field.



Contact Information:

The contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.



1. Last Name – Enter the contact person's last name.
2. First Name – Enter the contact person's first name.
3. Telephone Number – Enter the contact person's telephone number.
4. Telephone Number Extension – Enter the contact person's extension if applicable.
5. Fax Number – Enter the contact person's fax number if applicable.
6. Contact Email – Enter the contact person's email.
7. Confirm Email Address – Re-enter the contact person's email.
8. Preferred Method of Communication – Select the preferred method of communication from the drop-down list.

Once the required fields have been completed, click **"Continue"** to go on to the next page or click **"Finish Later"** to save your application and finish it at a later date or **"Cancel"** to return to the Online Provider Enrollment Portal Home page.

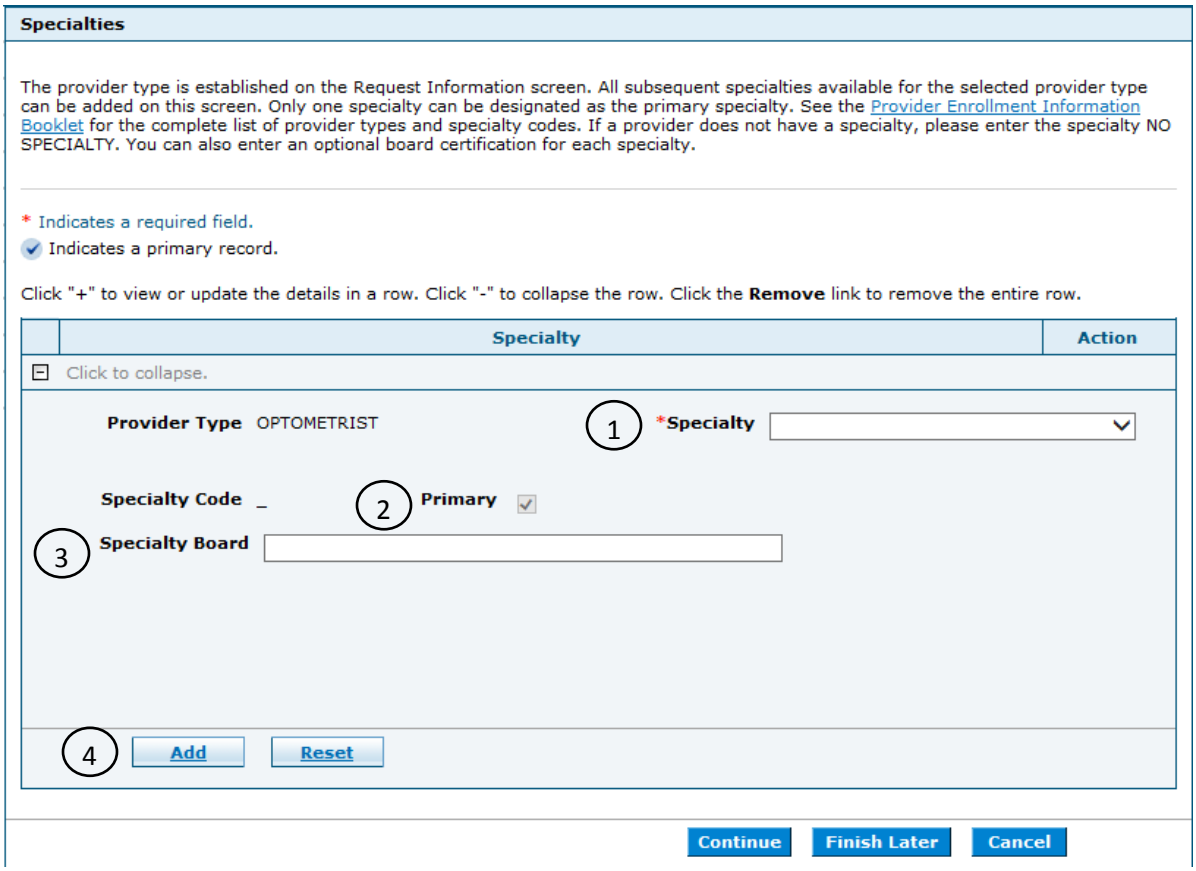
2.2. Specialties

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on the specialties screen. Only one specialty can be designated as the primary specialty. See the Provider Enrollment Information Booklet for the complete list of provider types and specialty codes.

A specialty is required for provider types 14, 17, 19, 20, 34, 38, 48, 57, 58 and 82.

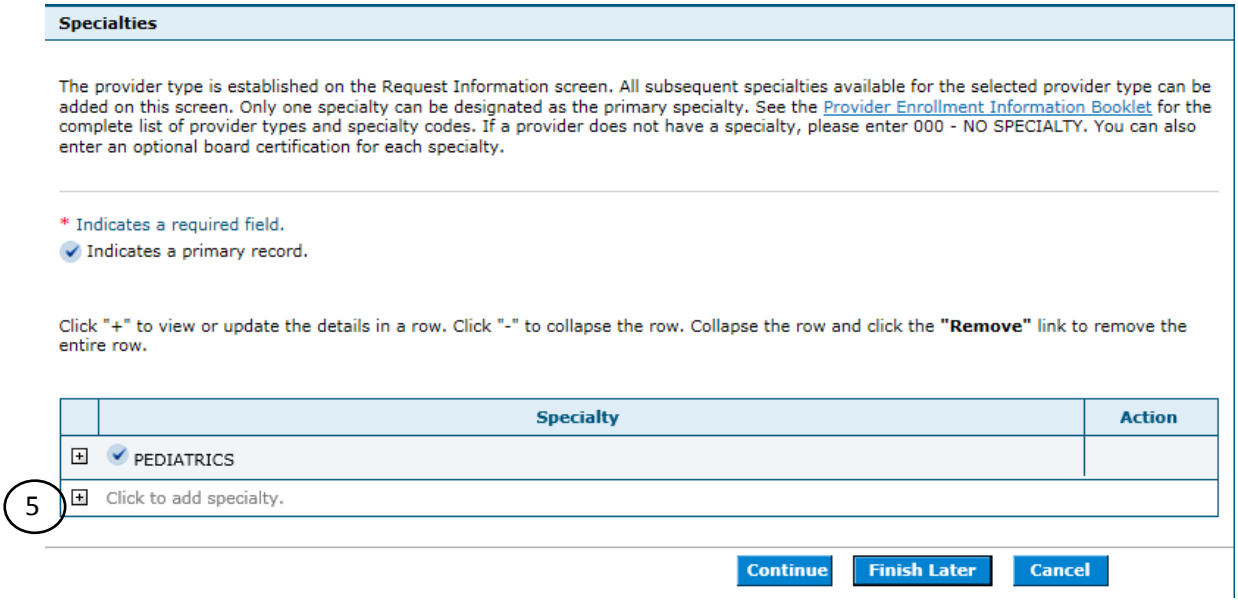
To assist in Medicaid tracking, we recommend that provider types 22, 26, 54 and 76 identify a specialty when applicable.

If a provider does not have a specialty, please enter NO SPECIALTY.

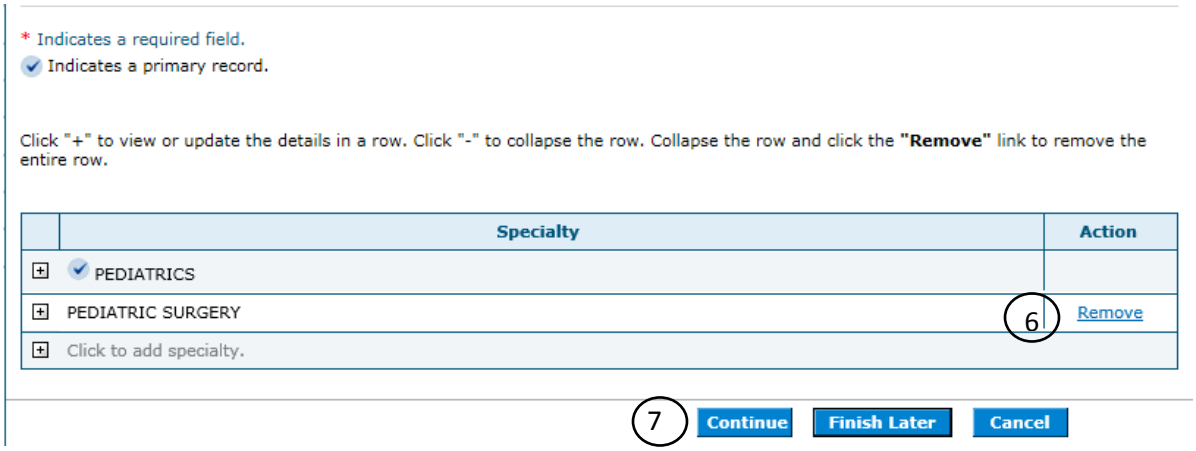


1. Specialty – Select the provider's specialty from the drop-down list.
2. Primary – Use the checkbox to indicate whether the selected specialty is the primary specialty for this provider.

   Note: The first specialty selected will default to the primary specialty.
3. Specialty Board – Enter the Specialty Board Name (Optional).
4. Click **"Add"** to add the specialty information.
5. Click the '+' on a new line to add another specialty. Repeat steps 1 through 4 to add more specialties.



6. To remove a listed specialty, click the "Remove" link.
   Note: You cannot remove the primary specialty. The primary specialty can only be updated by opening the primary specialty row and the saving changes.



7. Click **"Continue"** to continue the enrollment process. -- OR --
   Click **"Finish Later"** to save the enrollment application and finish it at a later date.
   -- OR --
   Click **"Cancel"** to cancel the enrollment application.

2.3. Address

Provider addresses identify each location where a provider performs services, as well as locations that are used for billing and payment. An address can be added for each address type.

Individual and Group Enrollment Types

For Individual and Group enrollment types the service address is required, and must be a physical location of the practice/business/facility where services will be rendered. This must be a street address and not a post office box.

Paper checks will be mailed to Pay To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay To address, paper checks will be mailed to the service address.

Hewlett Packard Enterprise will mail written correspondence, excluding remittance advices, to the Mail To address. If you do not supply a Mail To address, written correspondence will be mailed to the service address.

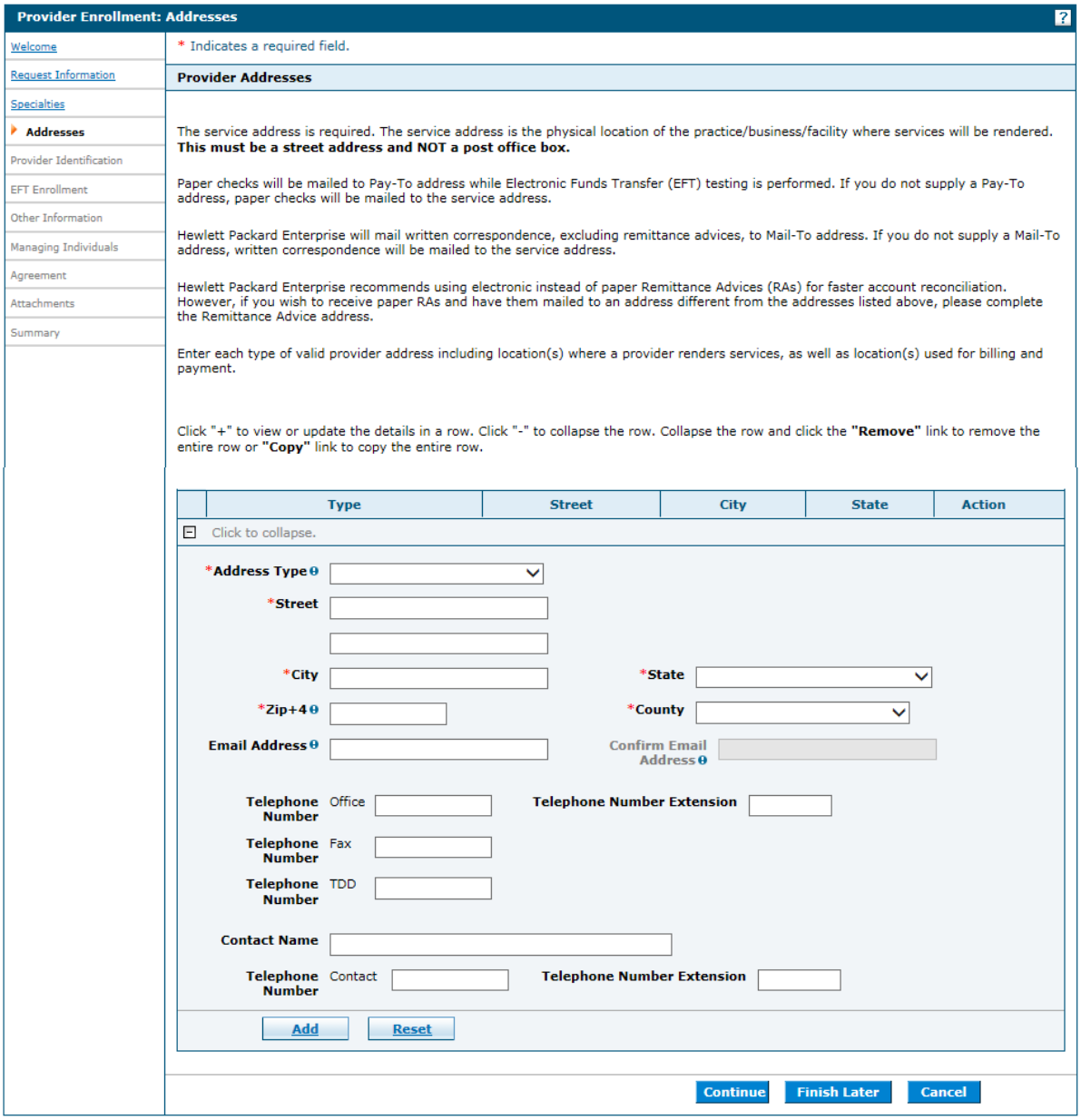
Hewlett Packard Enterprise recommends using electronic instead of paper Remittance Advices (RAs) for faster account reconciliation. However, if you wish to receive paper RAs and have them mailed to an address different from the addresses listed above, please complete the "Remittance Advice" address.

Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.

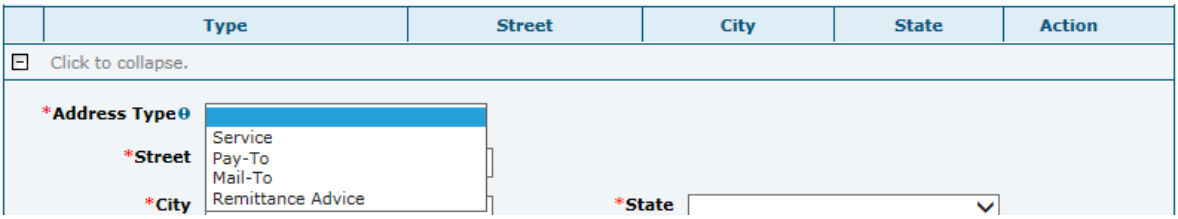
OPR Enrollment Types

For OPR enrollment types, the Mail To and Contact addresses are required. Hewlett Packard Enterprise will mail written correspondence to the Mail To address and attempt to make contact at the phone number provided.

If questions arise during the processing of this Application, Hewlett Packard Enterprise will attempt to contact you directly at the location given in Mail To address. Please designate an alternate contact person in Contact address. NOTE: The Contact Person reported in Contact address will only be authorized to discuss issues concerning this Application. Hewlett Packard Enterprise will not discuss any other enrollment or Medicaid issues about you with the Contact Person listed in Contact address.

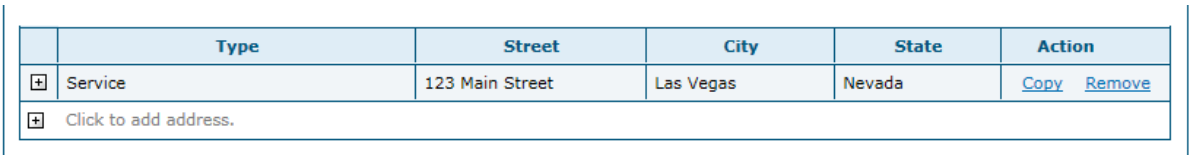


1. Address Type – Select the correct address type from the drop-down list.

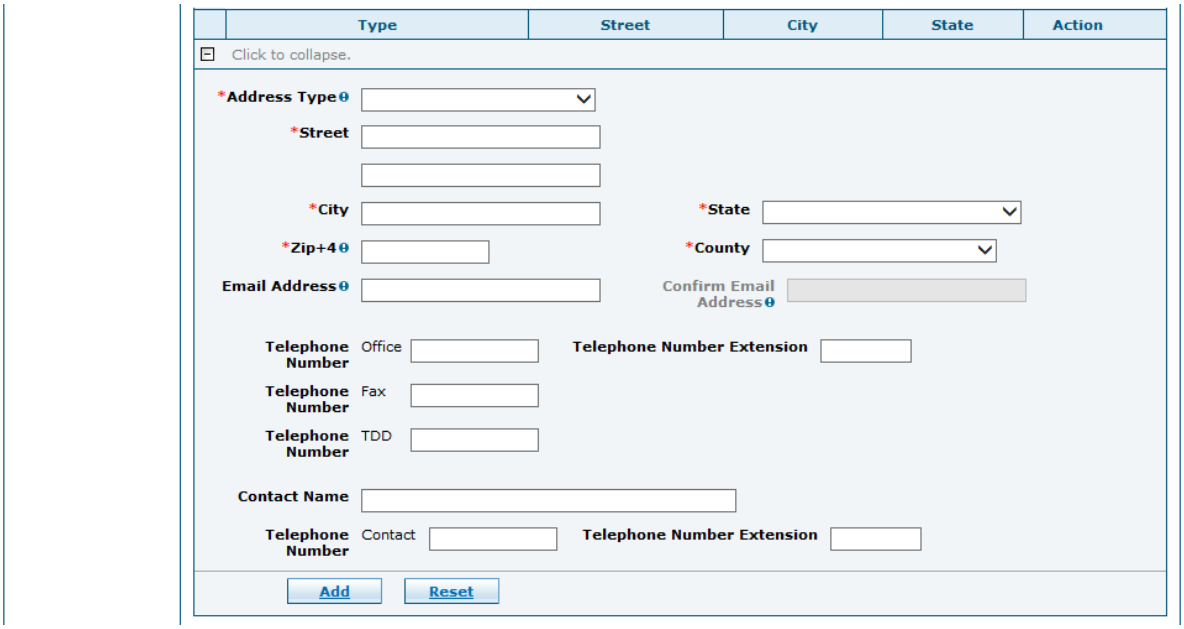


2. Enter the required information for the Address Type selected.

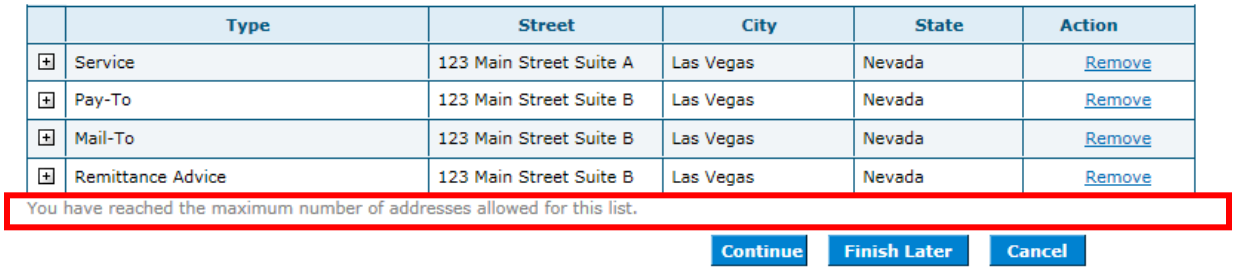
3. Click the **"Add"** button to add the address to the address list.



4. To add an additional address to the address list, click the (+) plus sign "Click to add address" and repeat steps 1-3 to add the new address to the address list.



5. Once the maximum number of addresses have been added, the message "You have reached the maximum number of addresses allowed for this list" will appear.



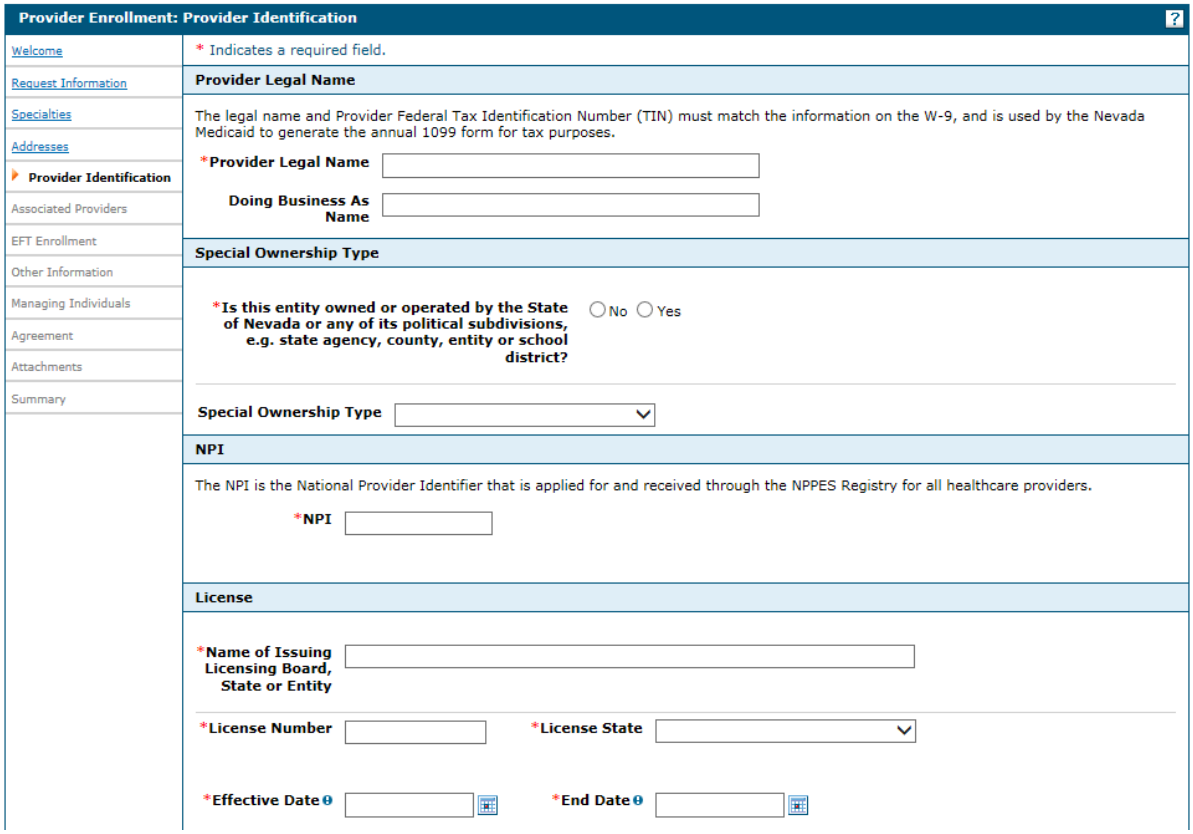
6. Click **"Continue"** to continue the enrollment process. -- OR --
Click **"Finish Later"** to save the enrollment application and finish it at a later date.
-- OR --
Click **"Cancel"** to cancel the enrollment application.

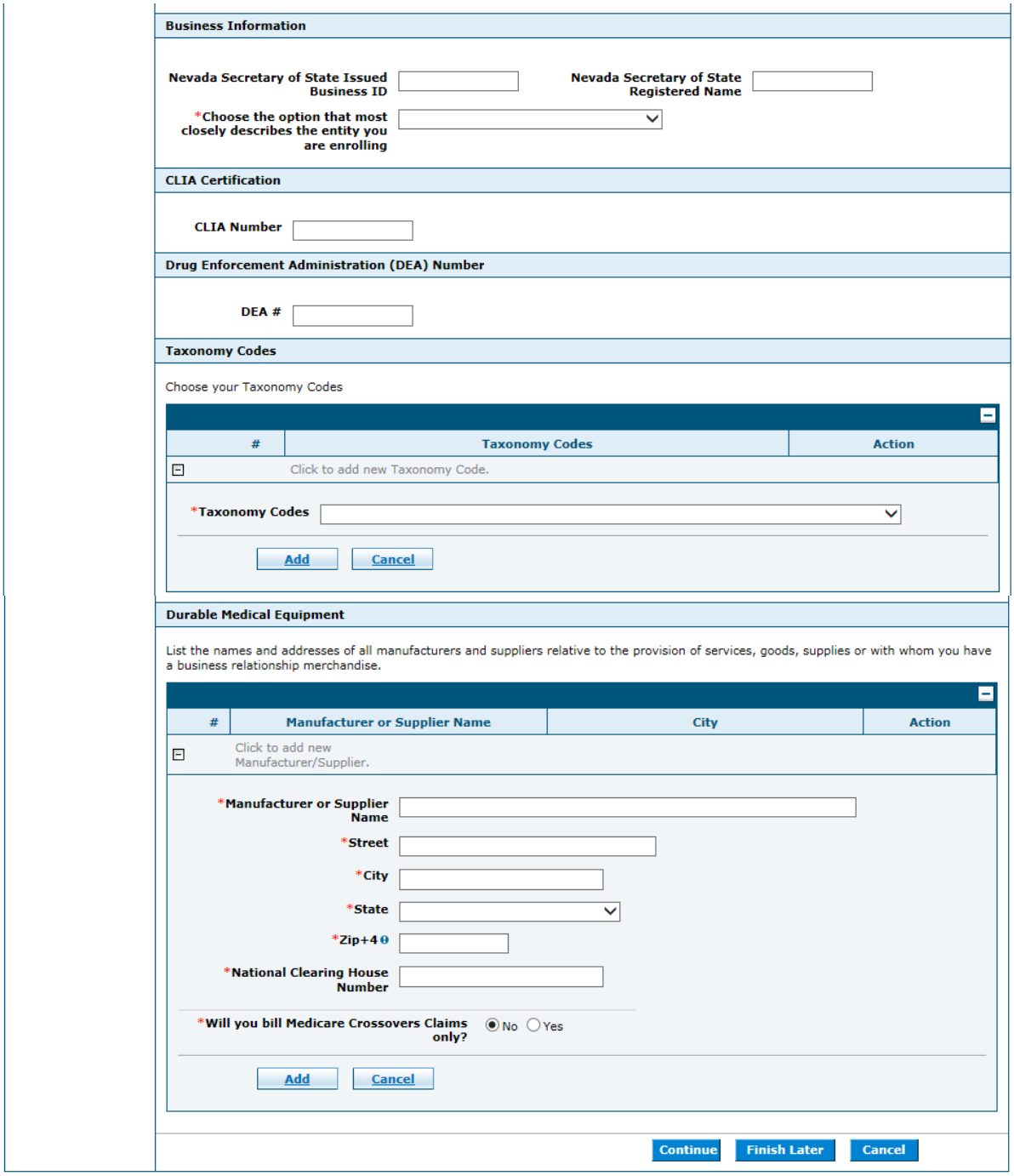
2.4. Provider Identification

The Provider Identification page allows you to enter provider information, such as legal name, business name and any identification numbers, such as tax IDs, License Numbers, CLIA Certification and DEA number.

Group Enrollment Type

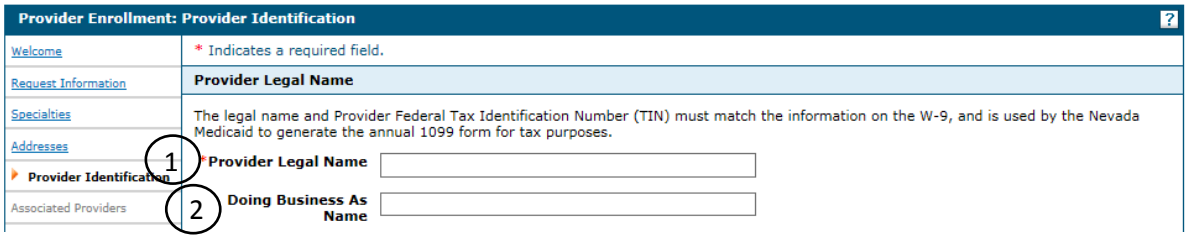
Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.





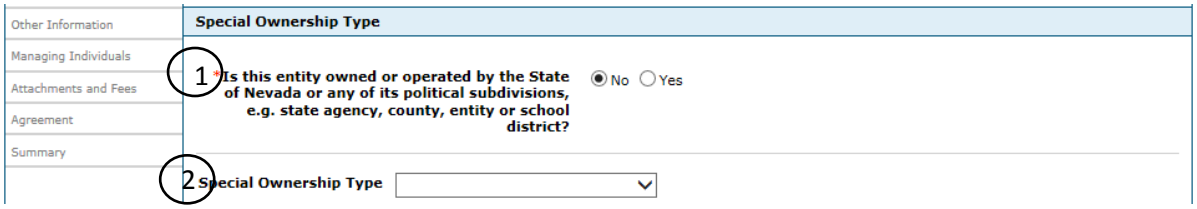
Note: The Durable Medical Equipment panel will only display for Provider Type 33.

Provider Legal Name:

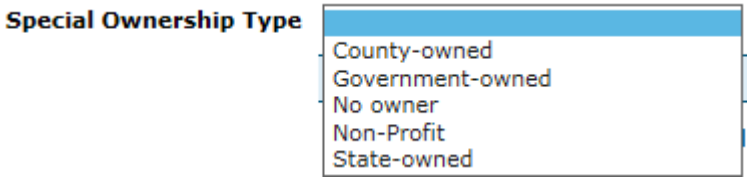


1. Provider Legal Name – The Provider Legal Name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.
2. Doing Business as Name – Enter the Doing Business as Name. (Optional)

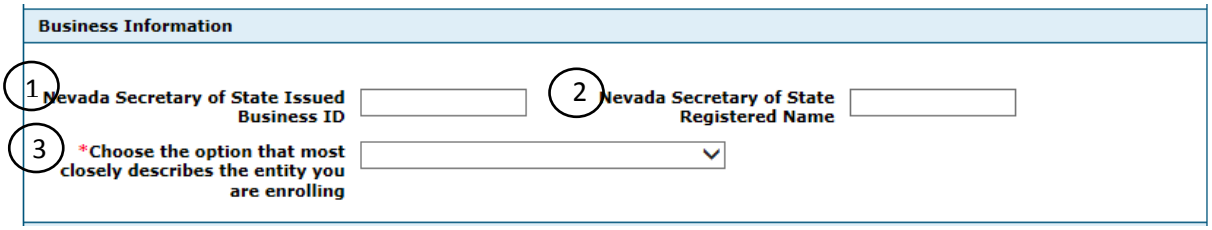
Special Ownership Type:



1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district? – Select "No" or "Yes"
2. Special Ownership Type – If the entity has a special ownership type, select the type of ownership from the drop-down list.



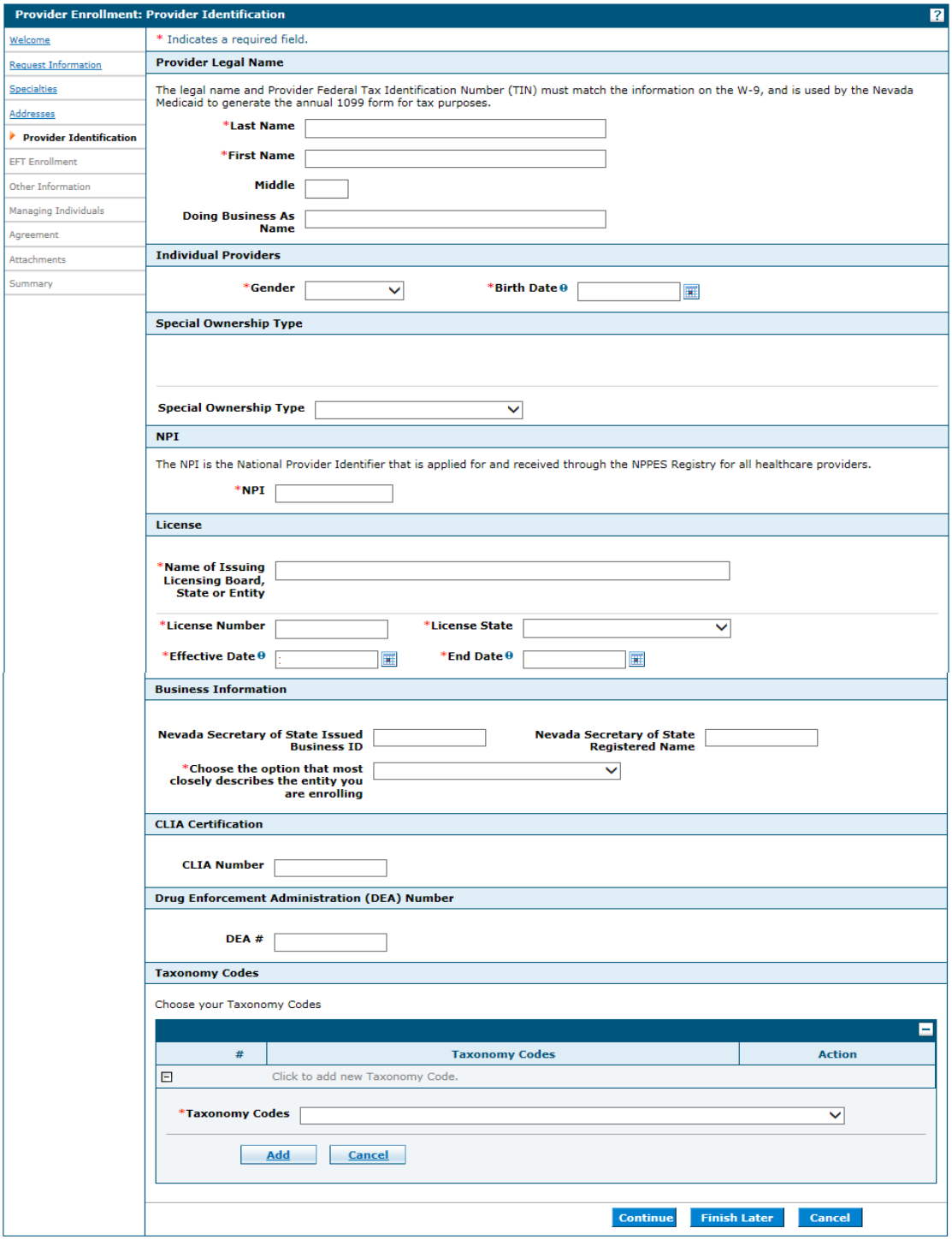
Business Information:



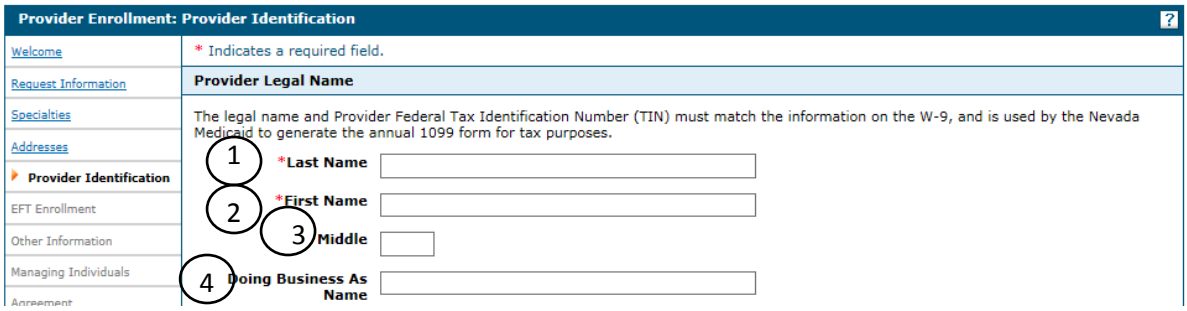
1. Nevada Secretary of State Issued Business ID – Enter the Secretary of State issued NV Business ID number.
2. Nevada Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.
3. Choose the option that most closely describes the entity you are enrolling. – Select the option from the drop-down list.

Individual Enrollment Type

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.



Provider Legal Name:

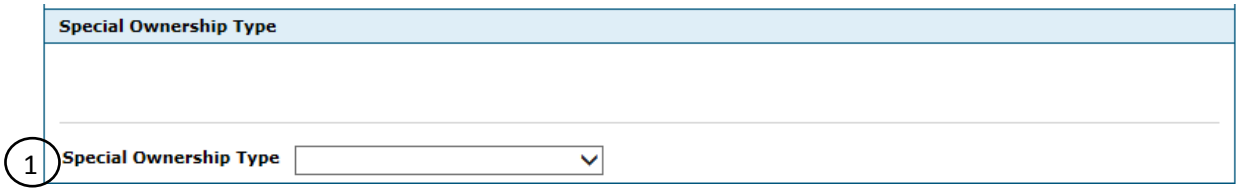


1. Last Name – Enter the provider's last name.
2. First Name – Enter the provider's first name.
3. Middle Initial – Enter the provider's middle initial. (Optional)

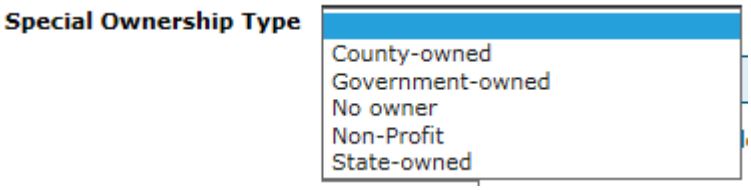
The provider's name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

4. Doing Business as Name – Enter the Doing Business as Name. (Optional)

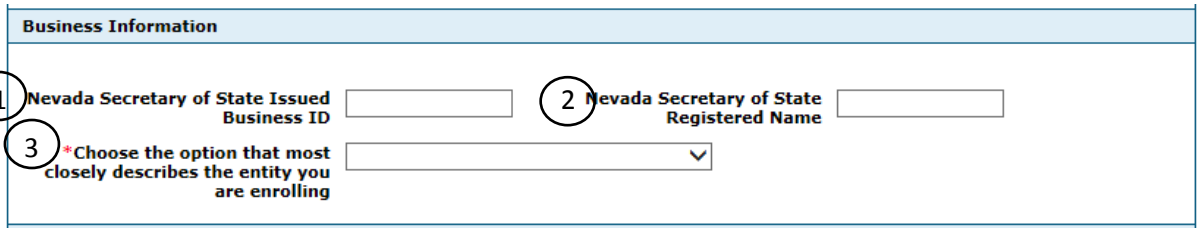
Special Ownership Type:



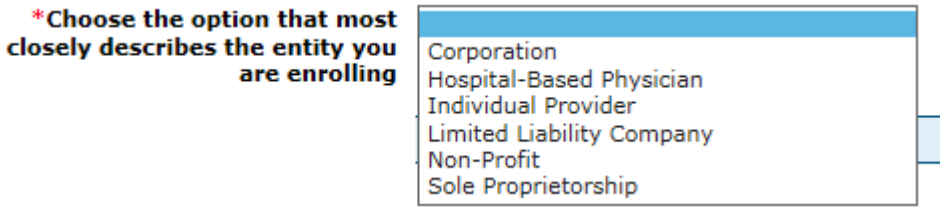
1. Special Ownership Type – If the entity has a special ownership type, select the type of ownership from the drop-down list.



Business Information:

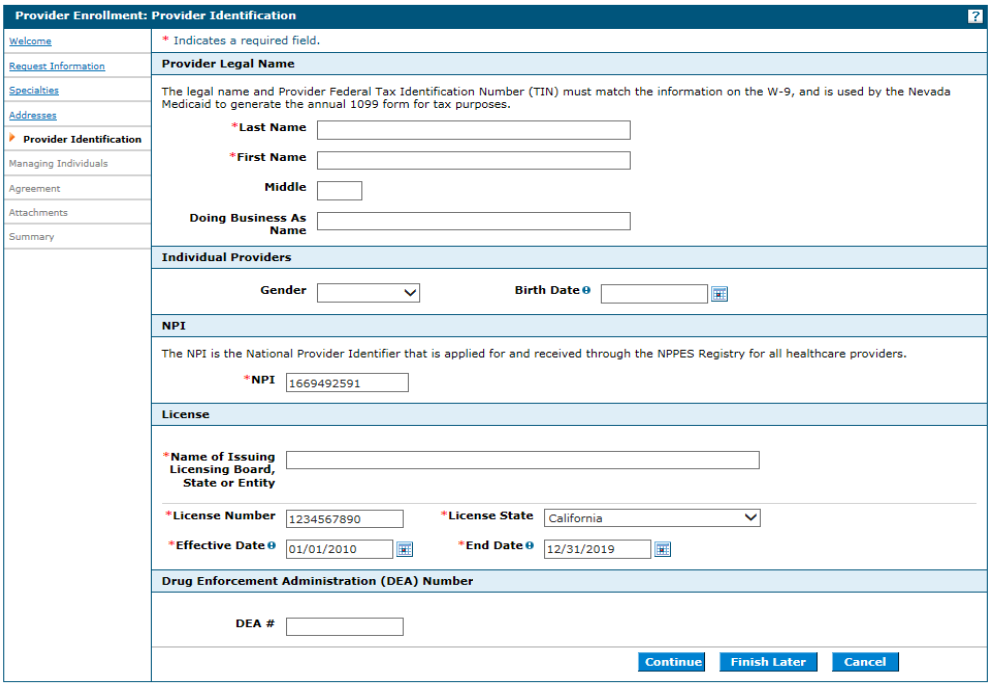


1. Nevada Secretary of State Issued Business ID – Enter the Secretary of State issued NV Business ID number.
2. Nevada Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.
3. Choose the option that most closely describes the entity you are enrolling. – Select the option from the dropdown list.

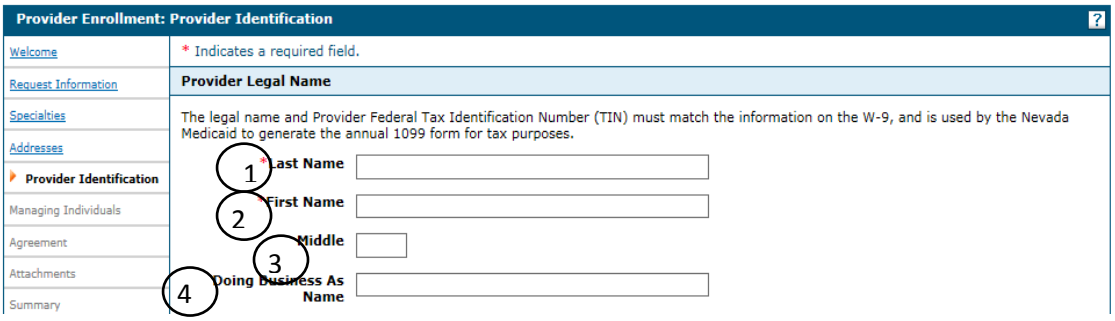


OPR Enrollment Type

Please Answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.



Provider Legal Name:



1. Last Name – Enter the provider's last name.
2. First Name – Enter the provider's first name.
3. Middle Initial – Enter the provider's middle initial. (Optional)

   The provider's name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

4. Doing Business as Name – Enter the Doing Business as Name. (Optional)

After all information has been entered on the Provider Information panel for your Enrollment Type:

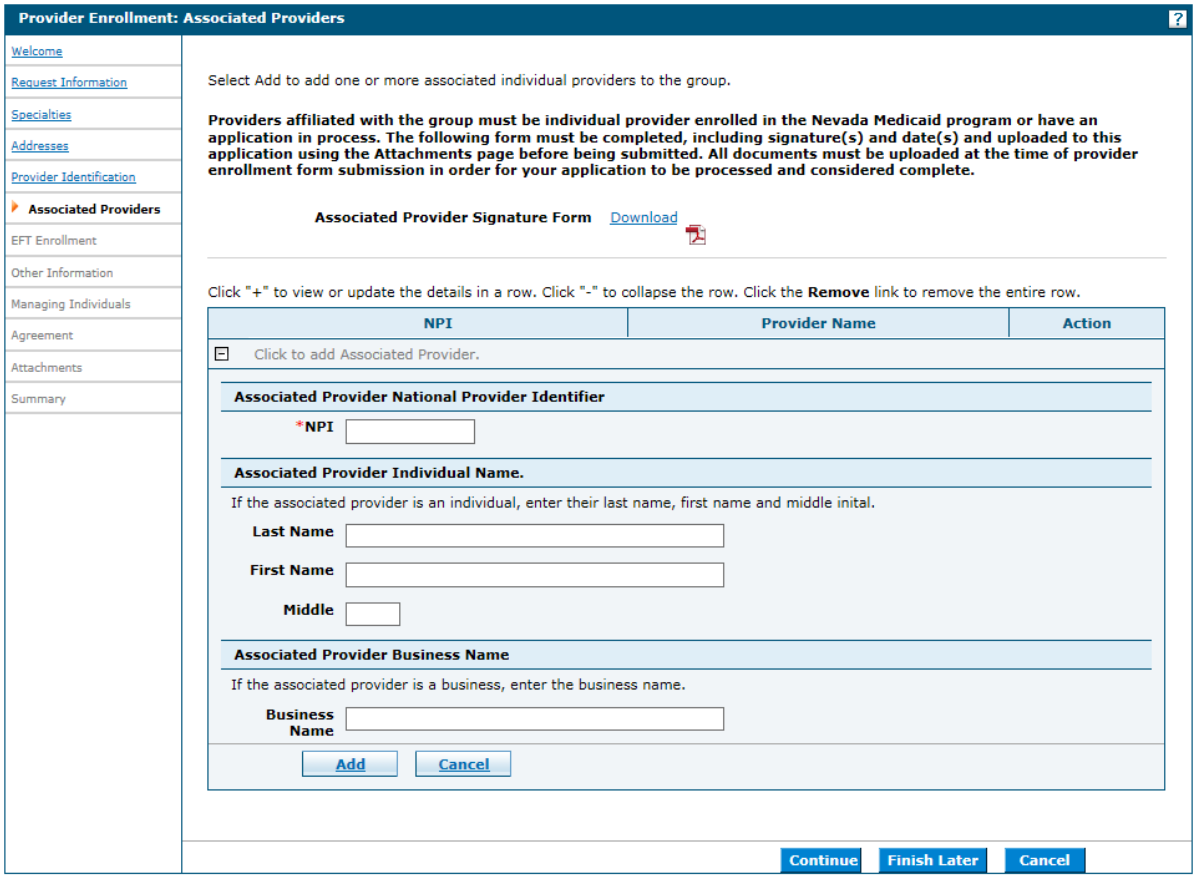
Click **"Continue"** to continue the enrollment process. – OR –
Click **"Finish Later"** to save the enrollment application and finish it at a later date.
– OR –
Click **"Cancel"** to cancel the enrollment application.

2.5. Associated Providers

This panel will only appear for online provider enrollment applications with a Group Enrollment type, and Provider Types 14, 20, 21, 22, 24, 25, 26, 34, 36, 72, 74, 76, 77 or 82.

To be affiliated with a group the providers must be enrolled with Nevada Medicaid or have already submitted their enrollment application. Signatures are required for each individual being linked to the group. You can upload the signature PDF as part of your online provider enrollment application.

Add the NPIs and individual names or business names of all providers to be affiliated with this group. Click the **"Add"** button to add the NPI and individual name or business name to the grid.

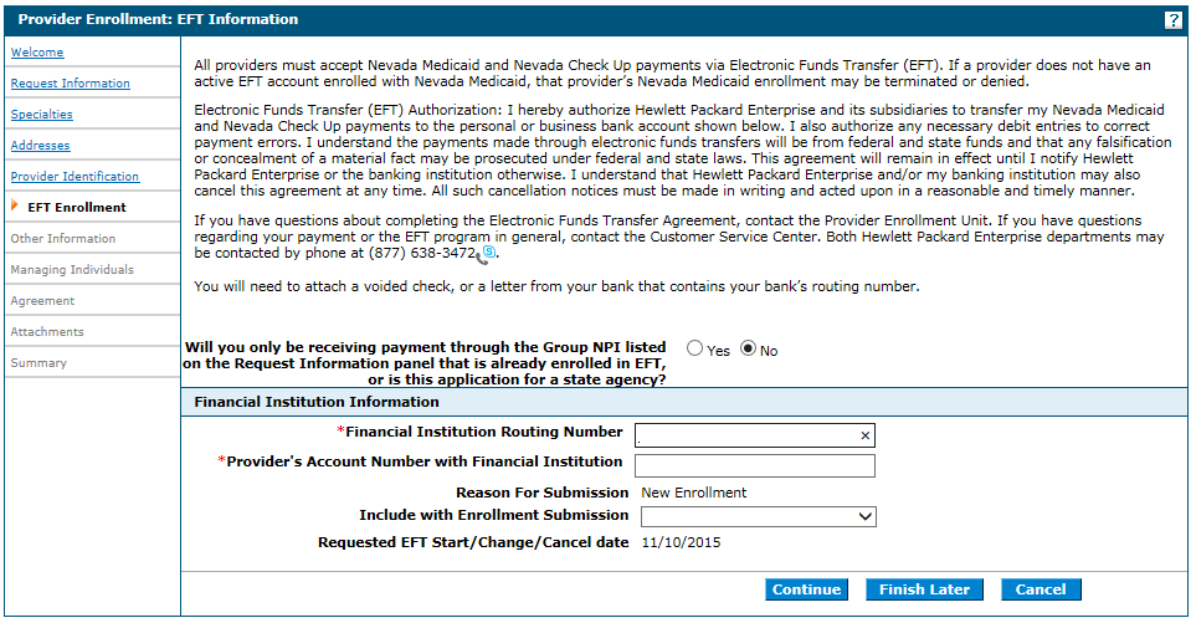


2.6. EFT

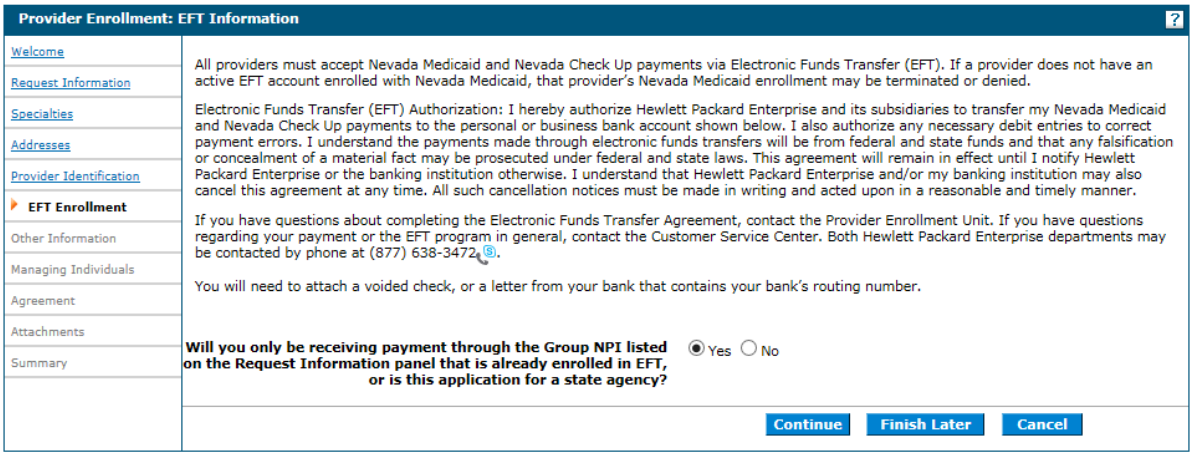
All providers must accept Nevada Medicaid and Nevada Check Up payments via Electronic Funds Transfer (EFT). If a provider does not have an active EFT account enrolled with Nevada Medicaid, that provider's Nevada Medicaid enrollment may be terminated. Note: The EFT page is not displayed for provider types 38, 47, 51, 52, 78, 79 and 60. Individual Providers that are linking to a group and State Agencies will need to answer "Yes" or "No" to the following question:

- Will you only be receiving payment through the Group NPI listed on the Request Information panel that is already enrolled in EFT, or is this application for a state agency?

If the answer is "No", the required Financial Institution Information needs to be completed.



If the answer is "Yes," the Financial Institution Information will not be displayed and does not need to be completed.

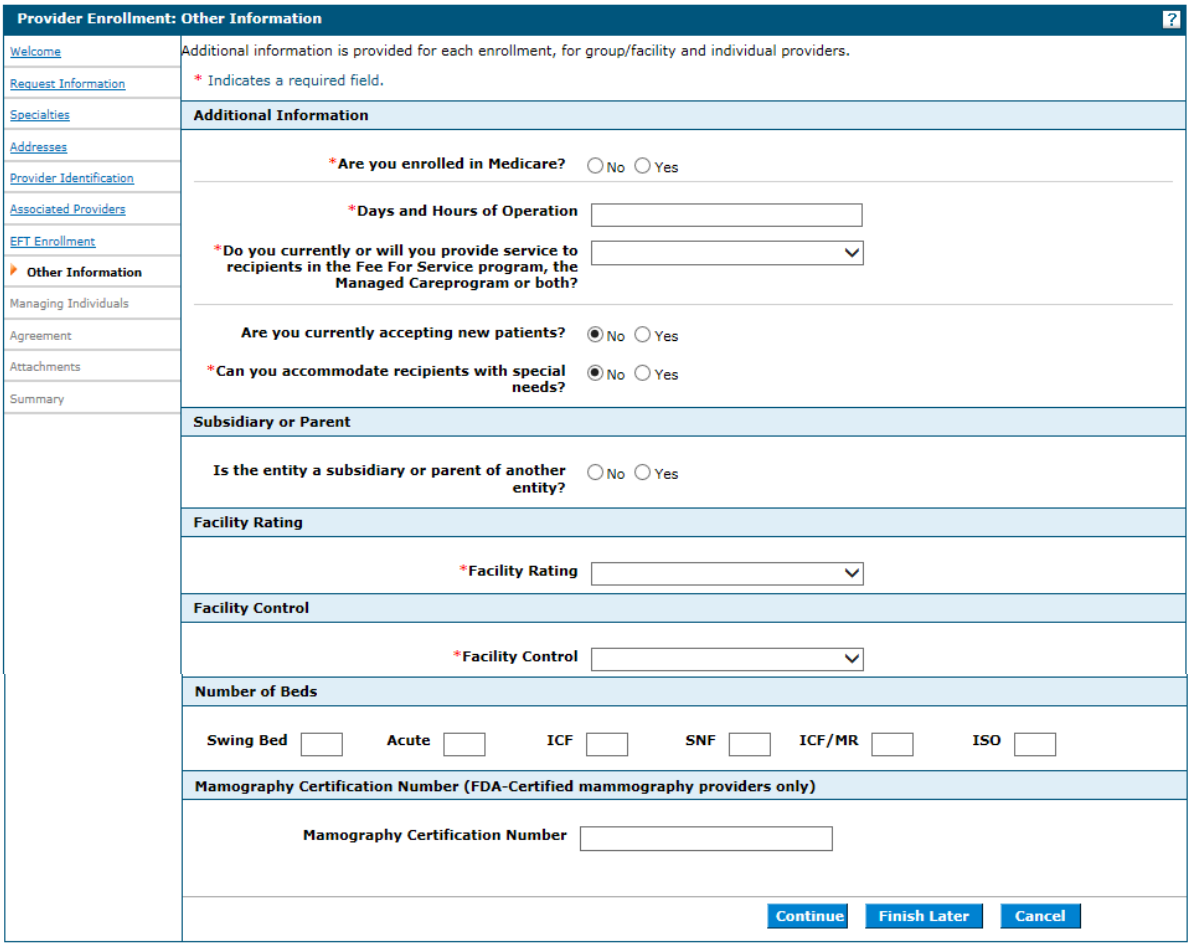


2.7. Other Information

Other Information page displays questions and fields that are specific to the Enrollment Type. The Other Information page will not display for OPR Enrollment Type.

Group Enrollment Type

Provide other additional information, such as Days and Hours of Operation, Accepting New Patients, and number of Medicaid-eligible or certified/licensed beds.

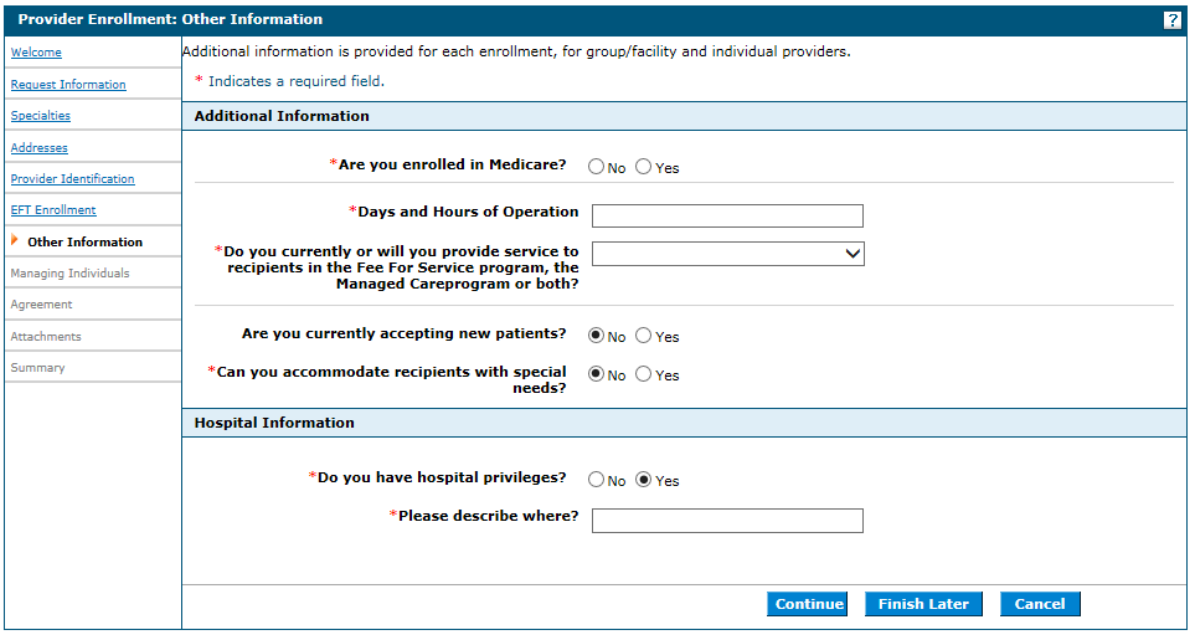


Answer all required questions then:

Click **"Continue"** to continue the enrollment process. -- OR --
Click **"Finish Later"** to save the enrollment application and finish it at a later date.
-- OR --
Click **"Cancel"** to cancel the enrollment application.

Individual Enrollment Type

Provide other additional information, such as Days and Hours of Operation, Accepting New Patients, and hospital privileges.



Answer all required questions then:

Click **"Continue"** to continue the enrollment process. -- OR --
Click **"Finish Later"** to save the enrollment application and finish it at a later date.
-- OR --
Click **"Cancel"** to cancel the enrollment application.

2.8. Managing Individuals

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR §455.100 – 106.

Provide the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Other definitions:

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who

directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII);
b) Any Medicare intermediary or carrier; and
c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

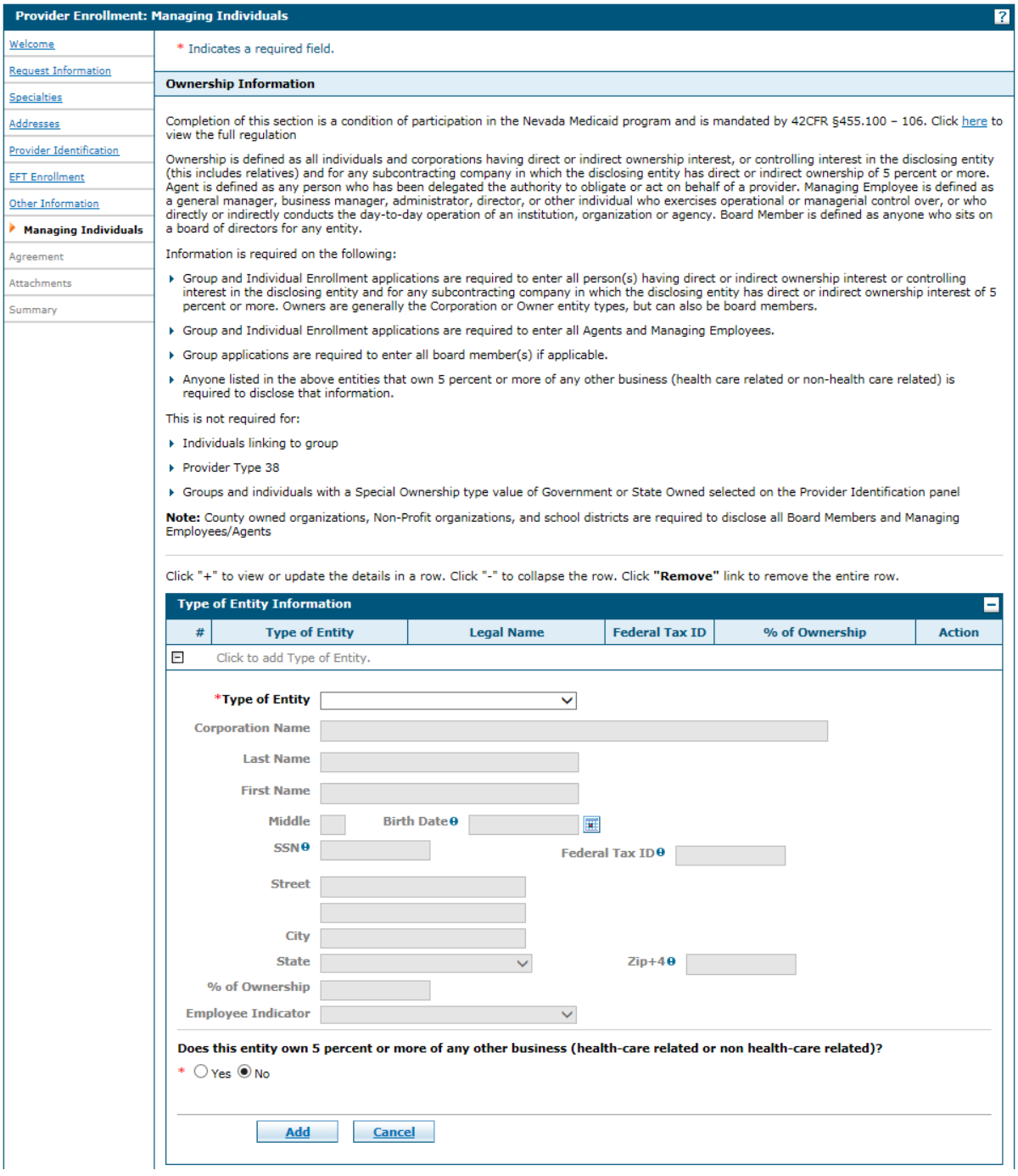
Person with an ownership or control interest means a person or corporation that:

a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
e) Is an officer or director of a disclosing entity that is organized as a corporation; or
f) Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means:

a) An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
b) An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).



Group and Individual Enrollment applications are required to enter all person(s) having direct or indirect ownership interest or controlling interest in the disclosing entity and for any subcontracting company in which the disclosing entity has direct or indirect ownership interest of 5 percent or more. Owners are generally the Corporation or Owner entity types, but can also be board members.

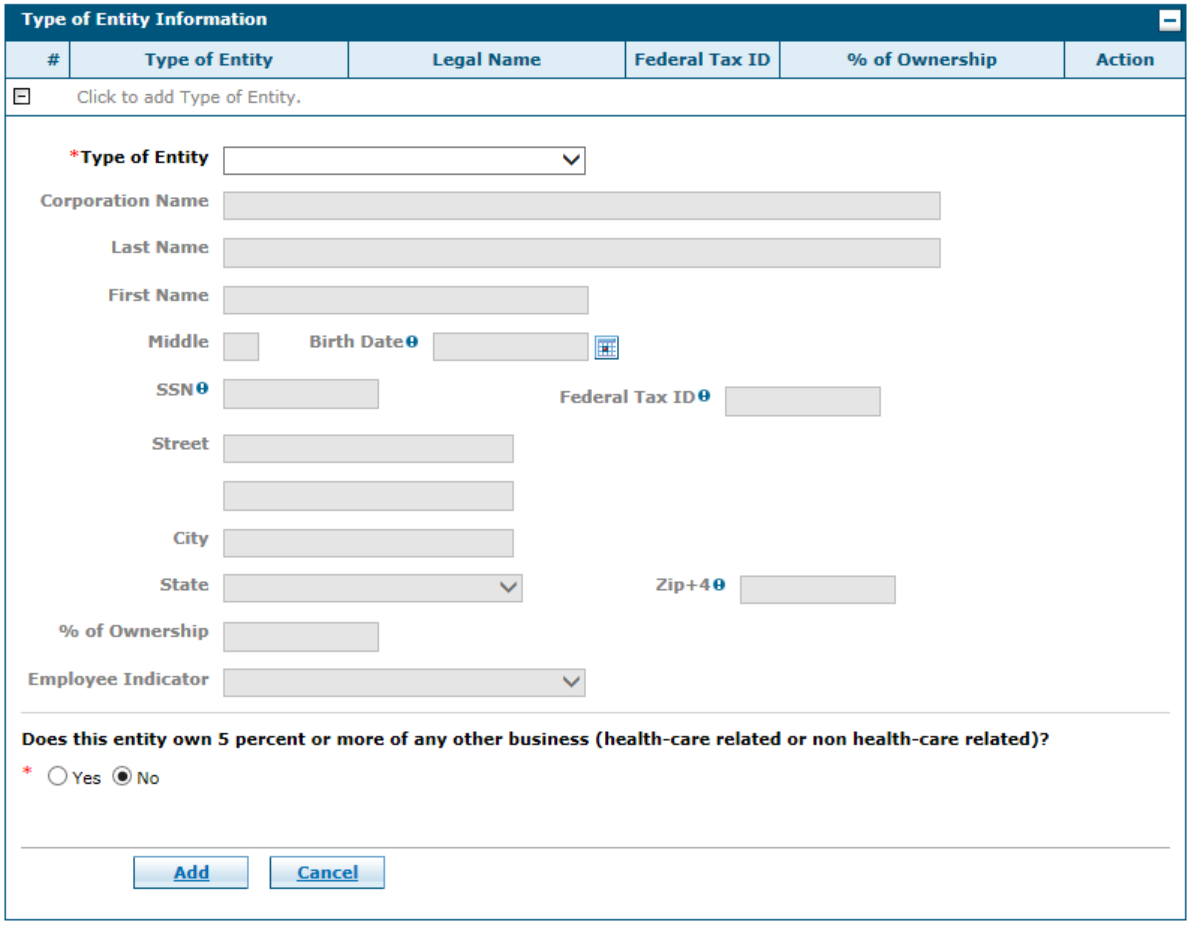
Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.

Group applications are required to enter all board member(s) if applicable.

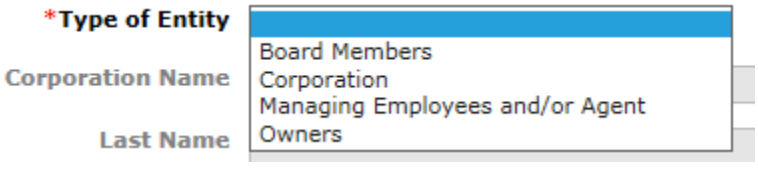
This is not required for:

- Individuals linking to group
- Provider Type 38
- Groups and individuals with a Special Ownership type value of Government or State owned selected on the Provider Identification panel

To add a Type of Entity:



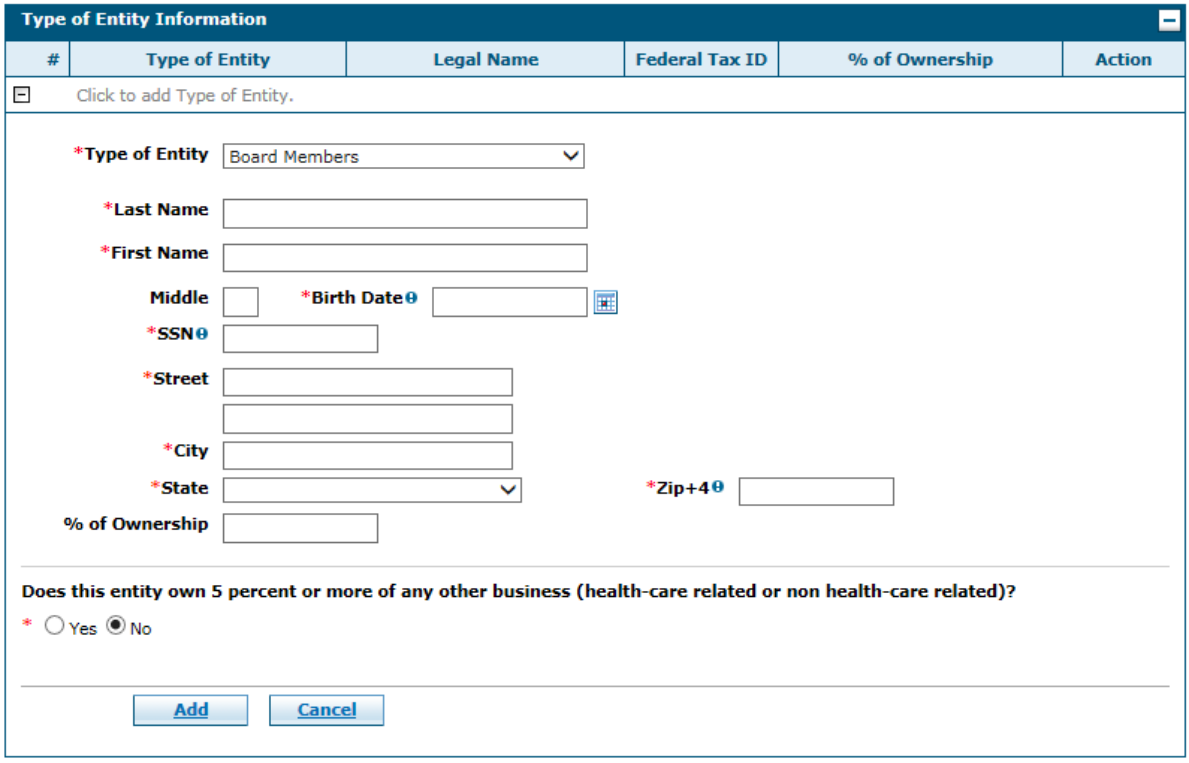
1. Entity Type – Select the appropriate type of entity from the drop-down list.



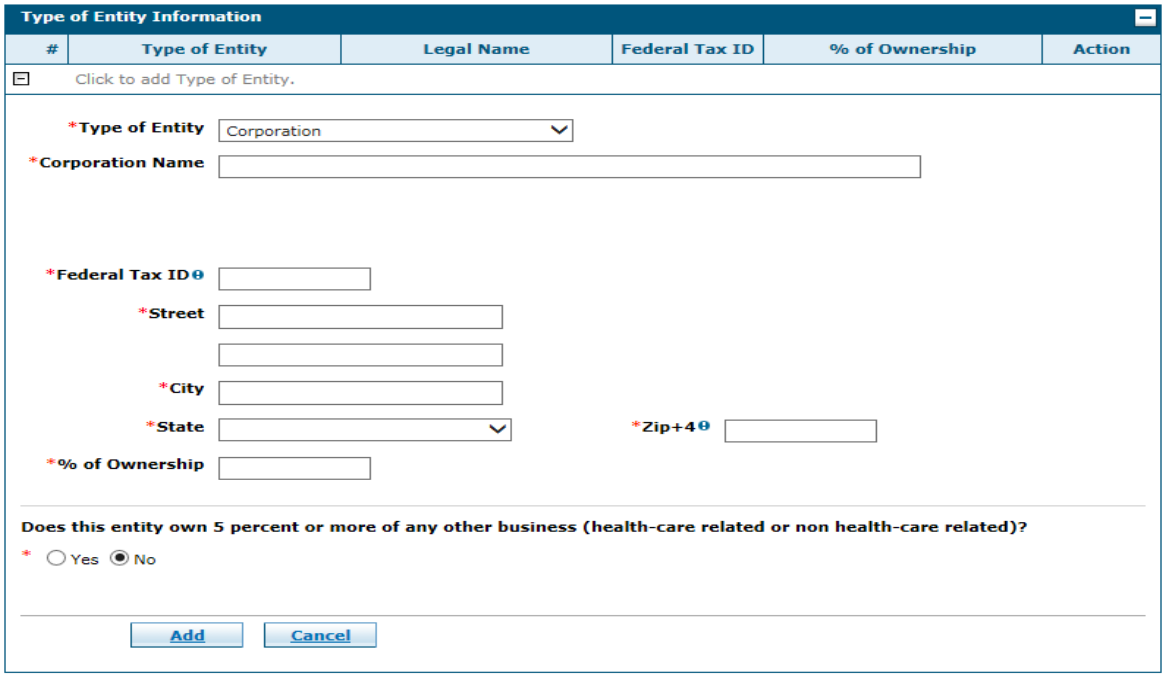
Note: The required fields will vary based on the Type of Entity that is selected.

2. Complete all of the required fields and then click **"Add"** button to add the Type of Entity to the Type of Entity list.

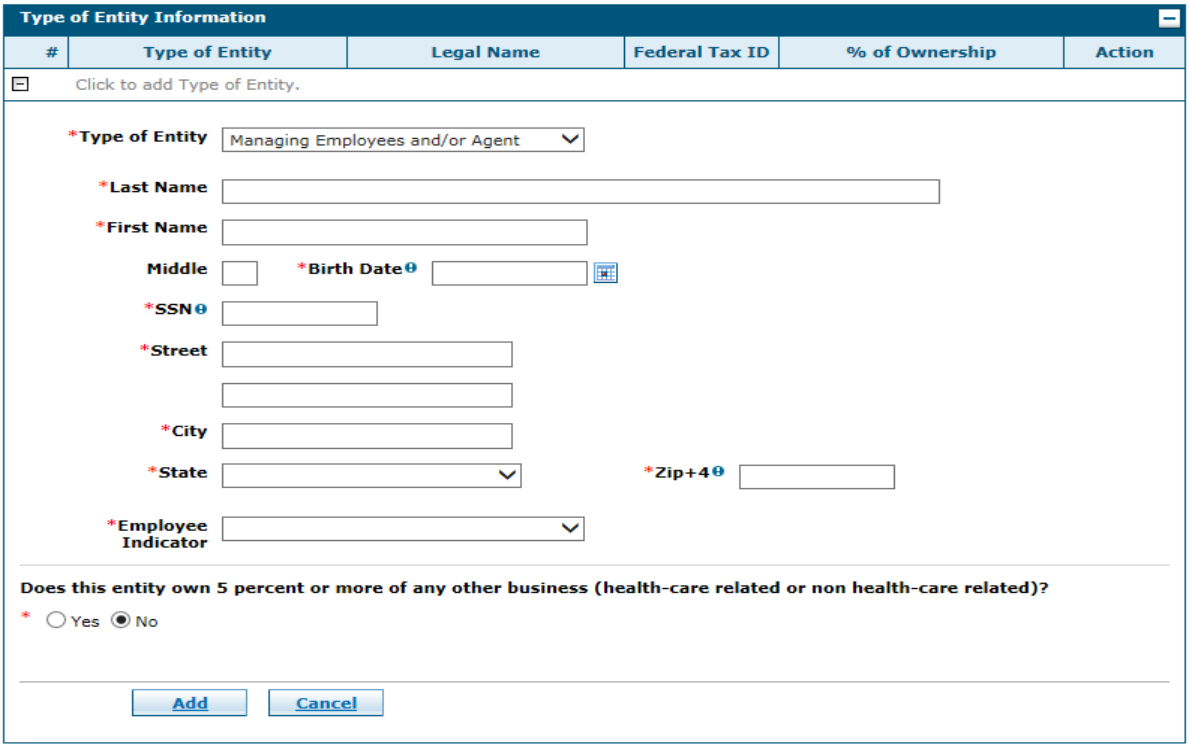
Required fields for Type of Entity Board Member:



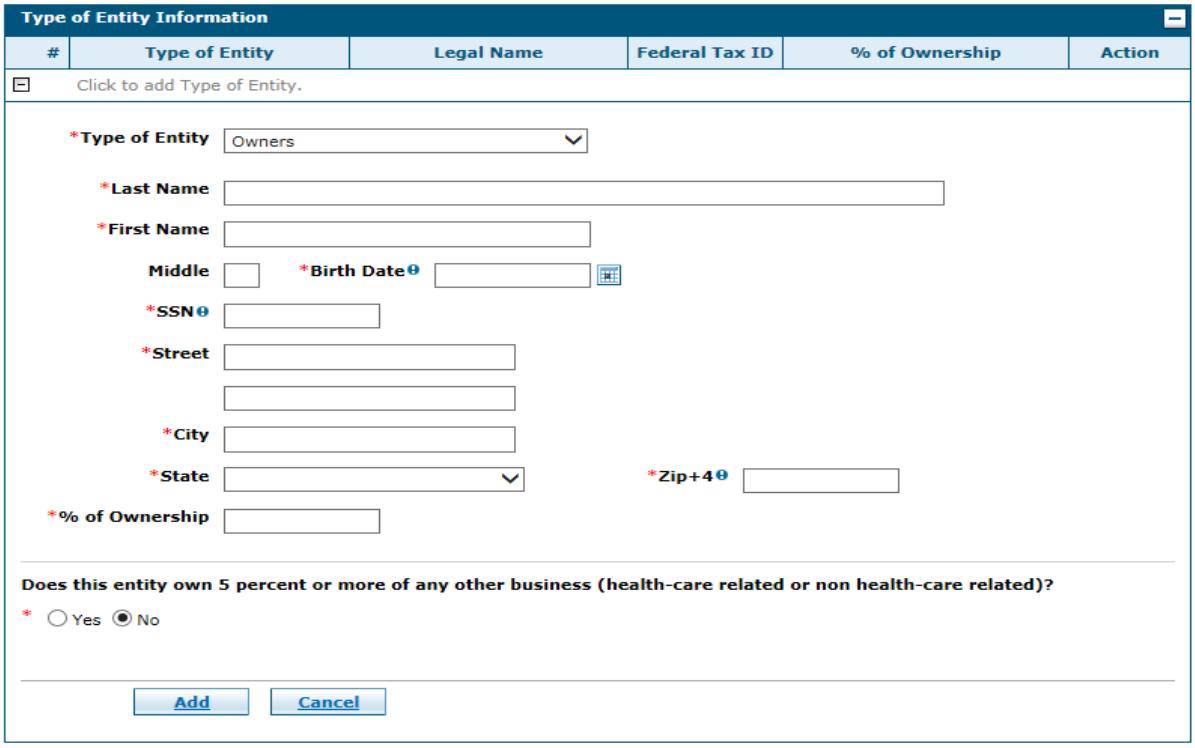
Required fields for Type of Entity Corporation:



Required fields for Type of Entity Managing Employees and/or Agent.

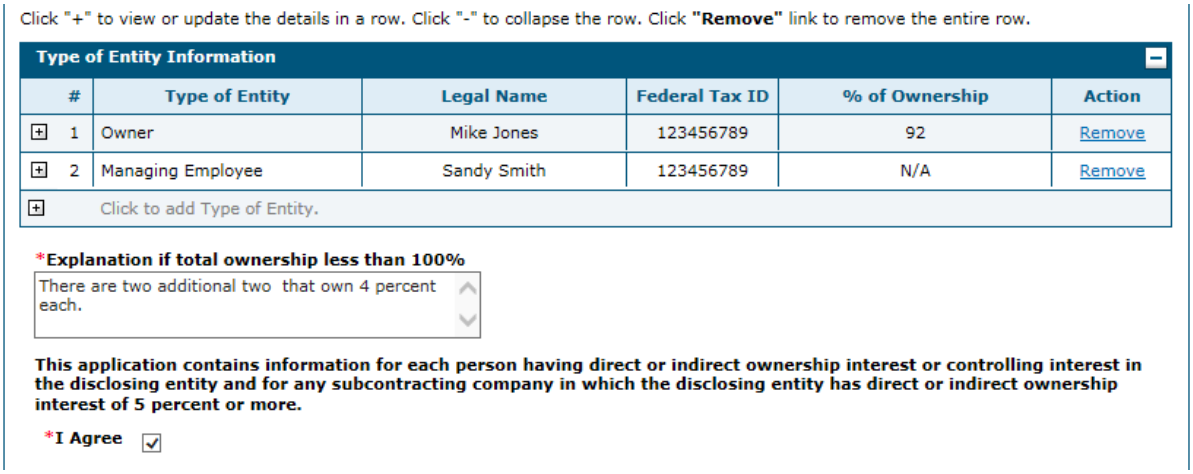


Required fields for Type of Entity Owner.



If after adding all of the owners and/or corporations the ownership totals less than 100% you are required to provide an explanation in the explanation box provided.

You must also click the "I Agree" checkbox to certify that the application contains information for each person having direct or indirect ownership interest or controlling interest in the disclosing entity and for any subcontracting company in which the disclosing entity has direct or indirect ownership interest of 5 percent or more.


Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **"Remove"** link to remove the entire row.

Type of Entity Information

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
1	Owner	Mike Jones	123456789	92	Remove
2	Managing Employee	Sandy Smith	123456789	N/A	Remove
	Click to add Type of Entity.				

***Explanation if total ownership less than 100%**

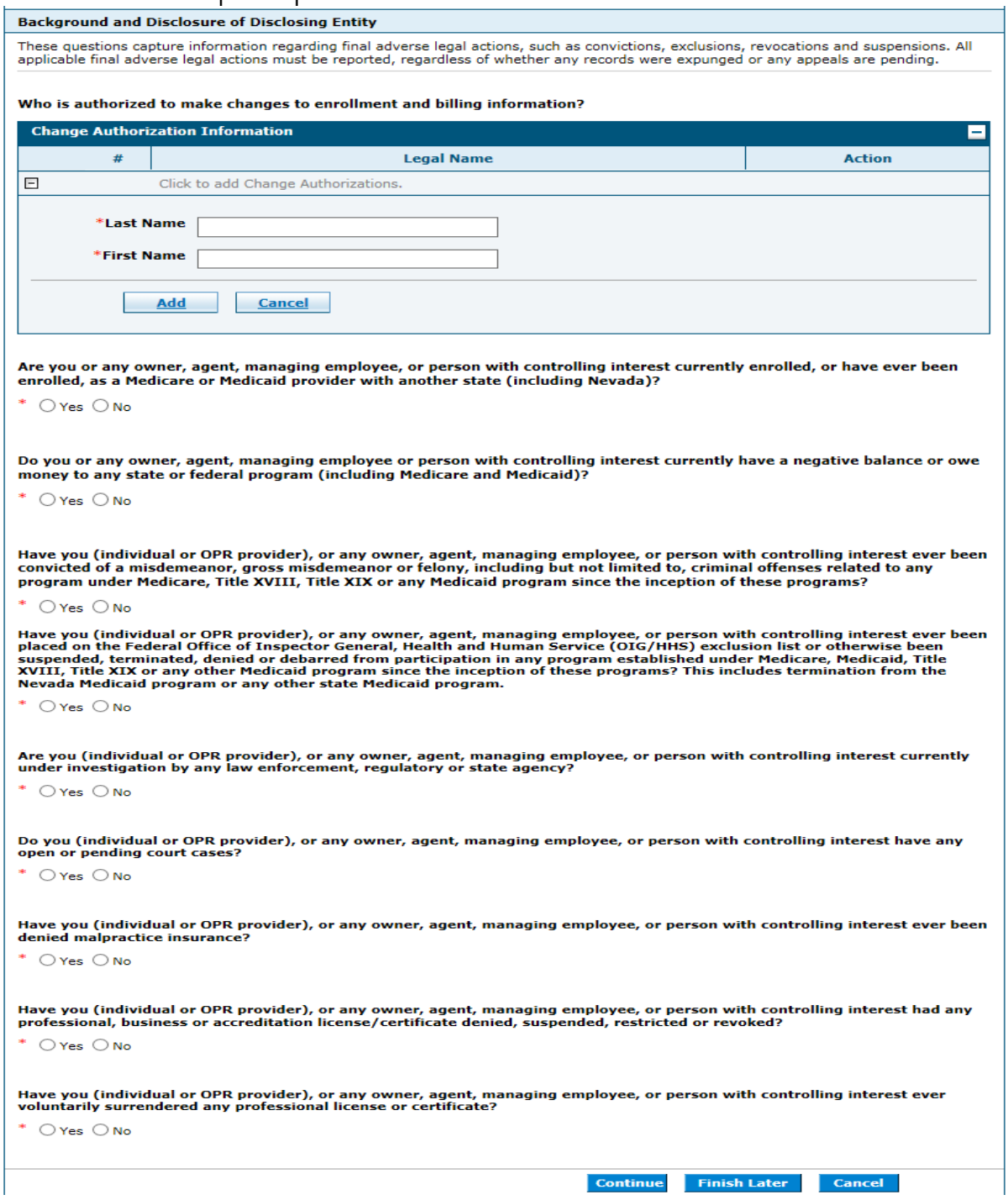
There are two additional two that own 4 percent each.

This application contains information for each person having direct or indirect ownership interest or controlling interest in the disclosing entity and for any subcontracting company in which the disclosing entity has direct or indirect ownership interest of 5 percent or more.

***I Agree** ☑

Background and Disclosure of Disclosing Entity

Answer all of the required questions.



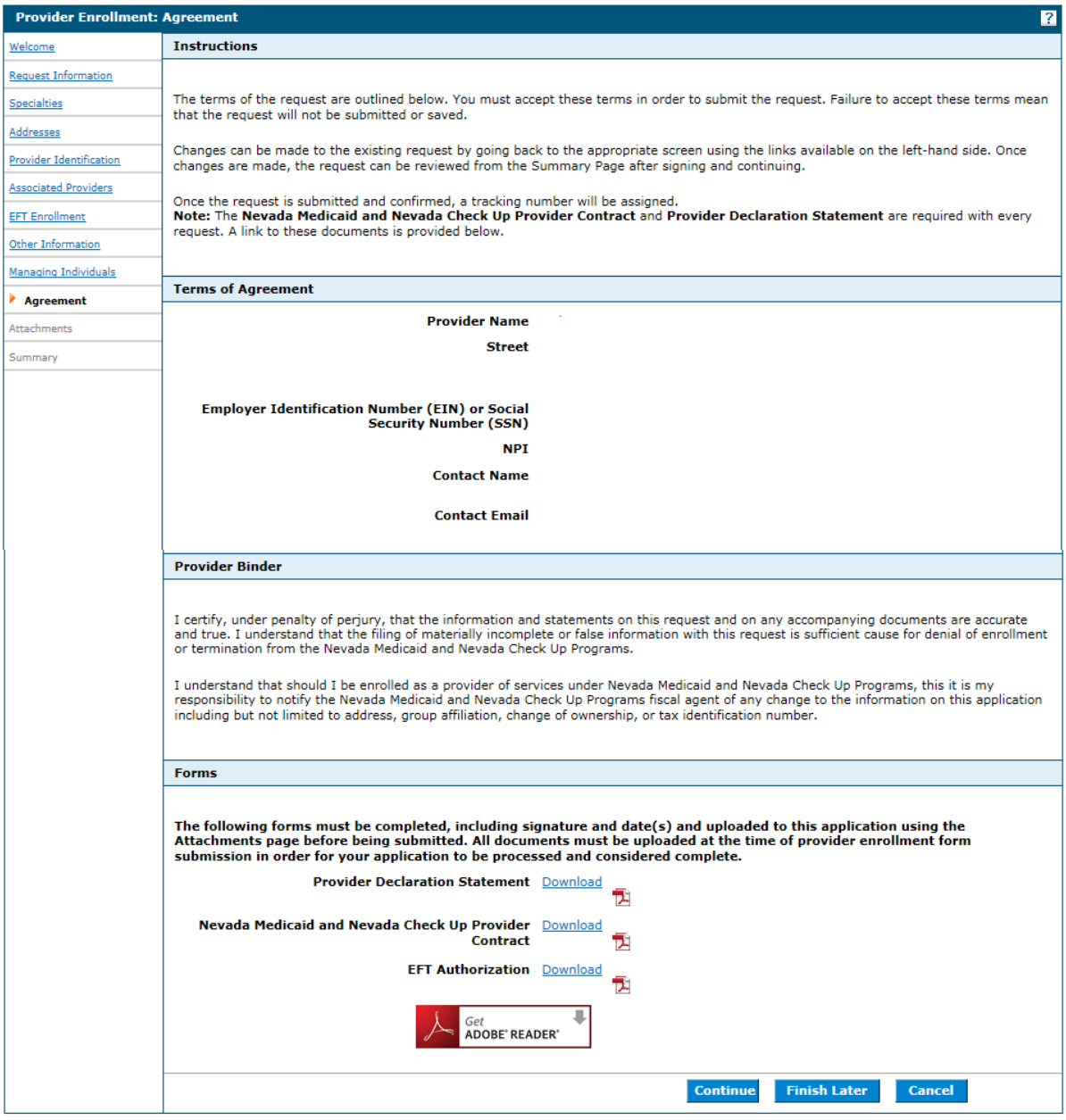
Click **"Continue"** to continue the enrollment process. -- OR --
Click **"Finish Later"** to save the enrollment application and finish it at a later date.
-- OR --
Click **"Cancel"** to cancel the enrollment application.

2.9. Agreements

You must accept the terms outlined in the Agreements page in order to submit the online provider enrollment application. Failure to accept these terms mean that the request will not be submitted or saved.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side of the application. Once changes are made, the request can be reviewed from the Summary Page.

Note: The Nevada Medicaid and Nevada Check Up Provider Contract and Provider Declaration Statement are required with every request. A link to these documents is provided on the Agreements page.

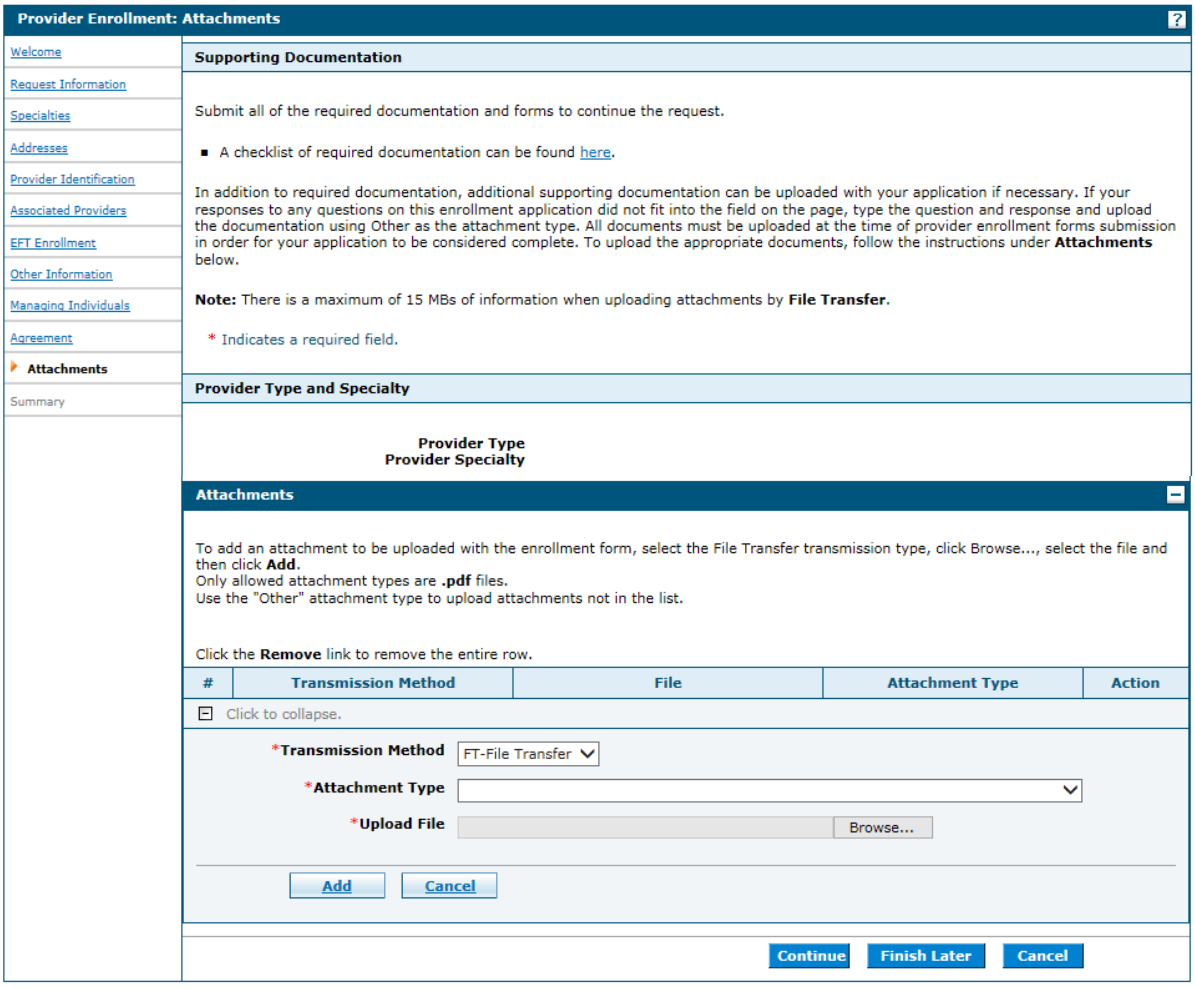


2.10. Attachments

Submit all of the required documentation and forms to continue the request.
A checklist of required documentation can be found here:
(https://www.medicaid.nv.gov/providers/checklist.aspx).

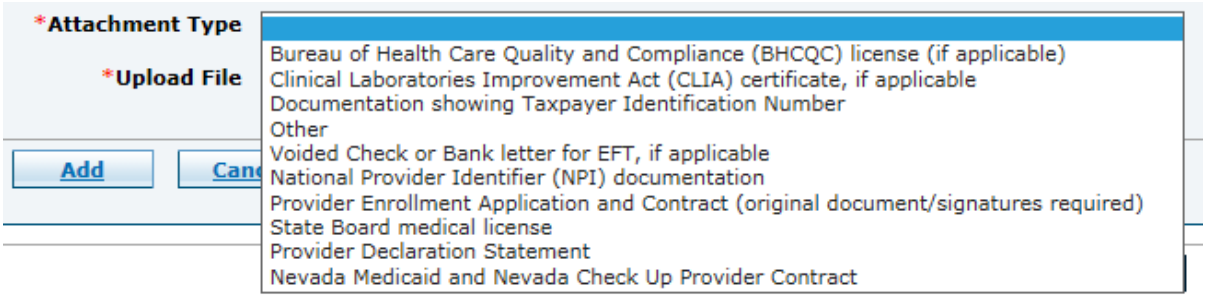
In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type.

All documents must be uploaded at the time of the online provider enrollment submission in order for your application to be considered complete.



To add an attachment to be uploaded with the online provider enrollment application:

1. Transmission Method - Select FT-File Transfer.
2. Attachment Type – Select the type of file that is going to be uploaded from the drop down list.



3. Upload File – Click the "Browse" button and select the file from your computer. The only allowable file types are PDF documents (.pdf).
4. Click the "Add" button.
5. Repeat steps 1 through 4 to add additional documents to the online provider enrollment application.

Note: There is a maximum of 15MBs of information when uploading attachments.

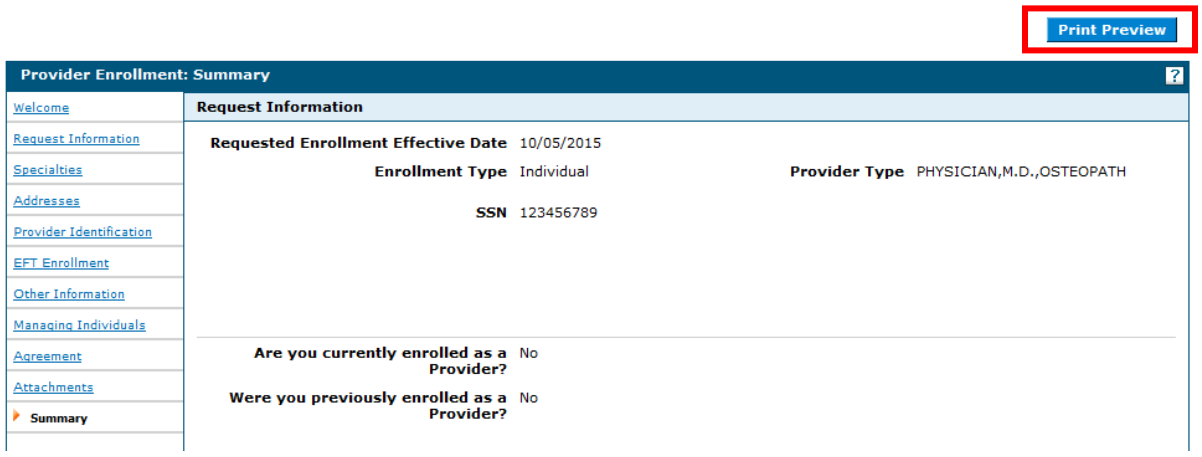
2.11. Summary

The summary page provides a summary of all of the information that was included on the provider enrollment application.

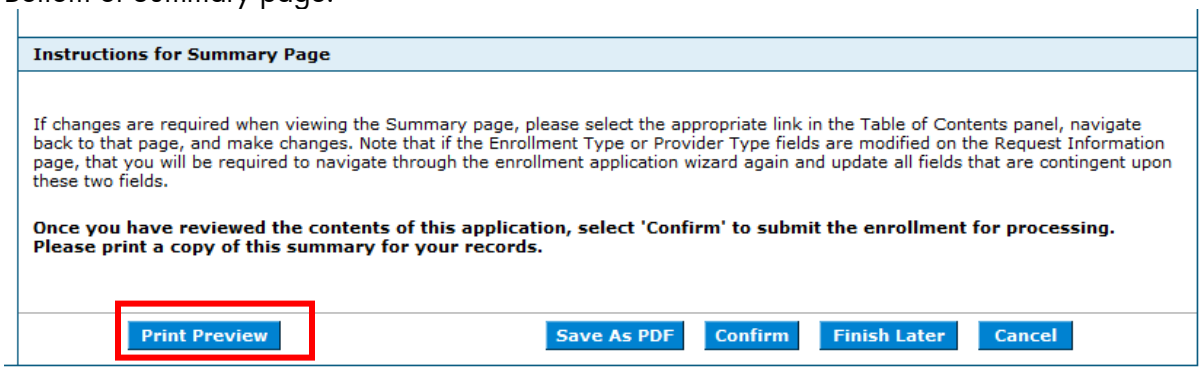
If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

You can print a copy of the summary for your records. Select "Print Preview" at the top or bottom of the Summary page.

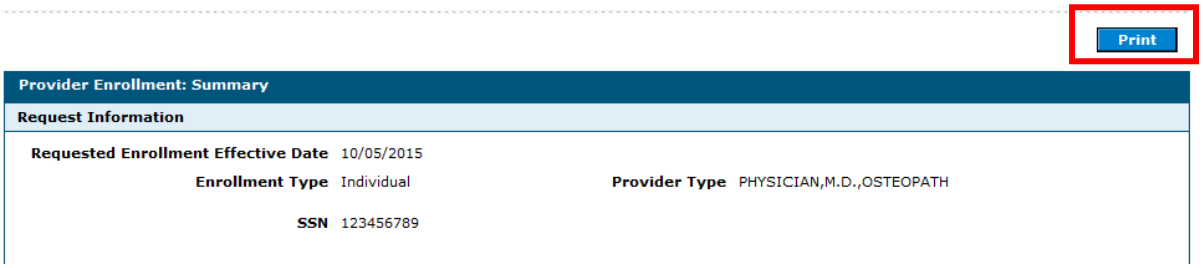
Top of Summary page.



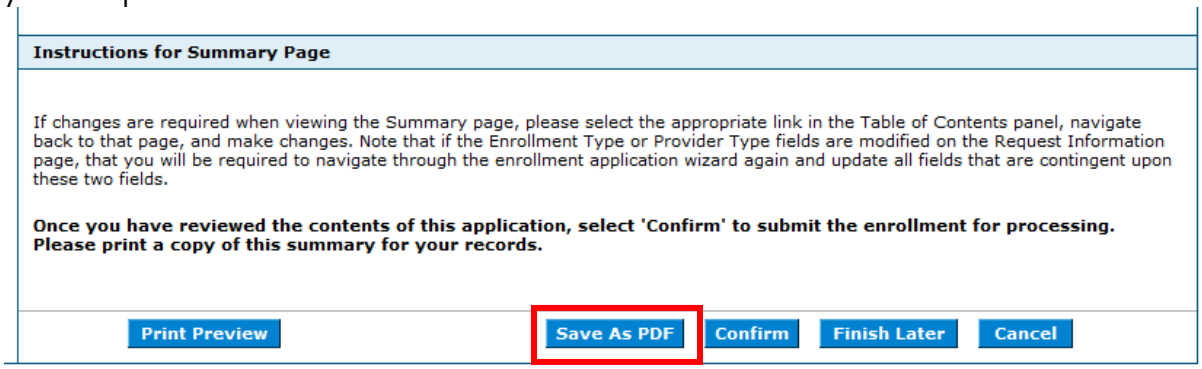
Bottom of Summary page.



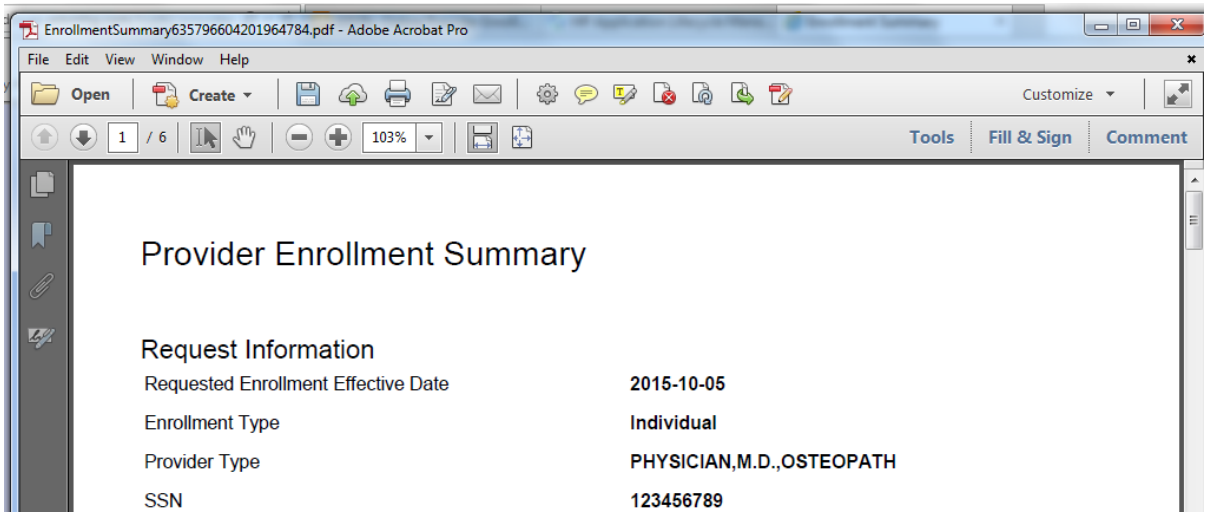
After you click Print Preview a new window opens; click "Print" to print the Summary page.



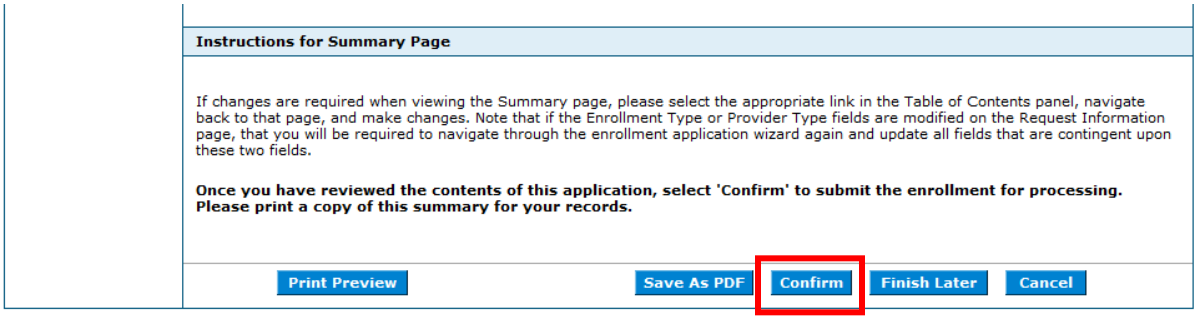
You can save a copy of the summary as a PDF. Select "Save As PDF" and then save to your computer.



After you click "Save As PDF," a new window opens and displays the PDF and you can save the PDF to your computer.



Once you have reviewed the contents of the application, select "Confirm" to submit the enrollment for processing.



2.12. FAQs

The Online Provider Enrollment home page has a link to Frequently Asked Questions regarding the online provider enrollment application. You can click this link to see a list of frequently asked questions and answers.